SPENBOROUGH URBAN DISTRICT COUNCIL.

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

SCHOOL MEDICAL OFFICER

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For the Year

1931

John Siddall, The Spenborough Press, Cleckheaton

SPENBOROUGH URBAN DISTRICT COUNCIL.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND THE

SCHOOL MEDICAL OFFICER

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For the Year

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John Siddall, The Spenborough Press, Cleckheaton

Spenborough Urban District Council.

ANDREW STOTT, Esq., *Chairman of the Council.*

EDGAR SAXTON, Esq., *Vice-Chairman of the Council.*

R. ALLOTT, Esq.
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A. SUTTON, Esq.
E. J. TAYLOR, Esq.
AMOS THOMPSON, Esq.
ARTHUR WOOD, Esq.
WILLIAM WOOD, Esq.

a Resigned August, 1931

b Elected August, 1931.

Health Committee

Chairman - - Councillor R. ALLOTT

Vice-Chairman - Councillor J. J. BROOKE

Coun. F. BEDFORD
Coun. G. BLACKBURN
*b*Coun. T. ELLIS
Coun. C. HARDMAN
Coun. J. HIRST
Coun. T. HORSFALL
*a*Coun. J. JOWETT
Coun. E. SAXTON
Coun. A. STOTT
Coun. A. SUTTON
Coun. E. J. TAYLOR
Coun. A. THOMPSON

Maternity and Child Welfare Committee

Chairman - - Coun. J. J. BROOKE

Coun. F. BEDFORD
Coun. R. ALLOTT
Coun. G. BLACKBURN
*b*Coun. T. ELLIS
Coun. C. HARDMAN
Coun. JOE HIRST
Coun. T. HORSFALL
*a*Coun. J. JOWETT
Coun. E. SAXTON
Coun. A. STOTT
Coun. A. SUTTON
Coun. E. J. TAYLOR
Coun. A. THOMPSON
Mrs. H. S. ATKINSON
Mrs. CLAYBORN
Mrs. CLAYTON
Mrs. SWALES

a Resigned August 1931 *b* Elected August 1931

Representatives on Hospital Boards

LIVERSEDGE and MIRFIELD

Councillors ALLOTT, CROSSLAND, SAXTON, THOMPSON, A. WOOD

NORTH BIERLEY

Councillors J. J. BROOKE, HARDMAN and STOTT *(ex-officio)*

OAKWELL

Councillors HEYWOOD and SUTTON

Staff of Health Department

LAWRENCE PICKERING-PICK, D.P.H.
Medical Officer of Health
Medical Officer to Child Welfare Centre
Medical Superintendent to Liversedge and Mirfield Joint Hospital Board

W. R. E. UNTHANK, M.D., F.R.C.S., D.P.H.
Deputy Medical Officer of Health

*a**CLARA MURRAY WILSON. M.B., CH.M.

*b**HILDA A. CHANNON, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H
Medical Officer to Ante-Natal Centre

‡F. W. MARSDEN, C.R.S.I. ... Chief Sanitary Inspector

‡G. J. WOODHOUSE, C.R.S.I ... Assistant Sanitary Inspector

*c*E. T. OAKES, C.R.S.I. ... Assistant Sanitary Inspector

*d*R. CLARKSON, C.R.S.I. ... Assistant Sanitary Inspector

*Miss E. M. FIRTH, C.M.B.... Health Visitor

*Miss P. HOLMES, C.M.B. ... Health Visitor

*Miss E. M. MCLEOD, C.M.B. Health Visitor

*Miss F. WILLIAMS, C.M.B, ... Health Visitor

Miss M. FURNESS ... ... Clerk

* Part Time

‡ Hold Meat Inspection Certificate of Royal Sanitary Institute

a Appointed May, 1931
b Left May, 1931
c Left October, 1931
d Appointed October, 1931

SPENBOROUGH URBAN DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

Medical Officer of Health, 1931

To the Chairman and Members of the Health Committee.

GENTLEMEN,

I have the honour to present to you my Twelfth Annual Report of the sanitary conditions of the Urban District of Spenborough for the year 1931.

This report will be an ordinary report, and will refer mainly to matters connected with the year 1931 only.

I desire to express my thanks to Mr. F. W. Marsden, Chief Sanitary Inspector, for his assistance in drawing up certain portions of this report.

I am, Gentlemen,

Your obedient servant,

LAWRENCE PICKERING-PICK

VITAL STATISTICS.

The following are some of the more important Statistical details, most of which will be dealt with more fully later in the report:—

Area—Cleckheaton, 1,756 acres; Liversedge, 2,136 acres; Gomersal, 1,100 acres.

Total area of the Urban District of Spenborough, 4,992 acres.

Population—Census 1931, 30,962; estimated middle of 1931, 31,250.

Number of inhabited houses in 1921, 7,873.

Number of inhabited houses (end of 1931), 8,735 (from rate books).

Number of families (Census 1921), 7,962.

Rateable value 1930-1931, £126,315.

Sum produced by a penny rate, £500.

Live Births.—Legitimate, total 385; males 204; females 181. Illegitimate, total 11; males 6, females 5. Still births, 9. Rate per 1000 total birth, 22.2. Birth rate, 12.7 per 1000. Deaths, 440. Death rate, 14.1.

Percentage of total deaths occurring in public institutions, 20.9.

No. of women dying in, or as a result of, childbirth; from sepsis, one; from other causes, one.

Death rate of infants under one year of age per 1000 live births—Legitimate, 77.9; illegitimate, 90.9; total, 78.3.

Deaths from Measles (all ages), nil; Whooping Cough (all ages), nil; Diarrhœa (under two years of age), 3.

POPULATION.

The preliminary report of the Census taken in April, 1931, gives the population of the Urban District of Spenborough as 30,962, or 155 less than in 1921. A communication has since been received giving the estimated population in the middle of 1931 as 31,250, and this figure will be used throughout this report in calculating rates. It is hoped that the Census returns will be available for an analysis of the conditions in Spenborough for insertion in my next report.

VITAL STATISTICS.

BIRTHS.

During 1931 three hundred and twenty-seven births were registered in the district, of which 169 were males and 158 females.

The net births for the district were 396, namely, 210 males and 186 females, a decrease of 17 compared with 1930, and a decrease of 9.2 per cent. on the average for the past five years.

The birth rate was 12.7 per 1000 living, .7 per 1000 less than in 1930.

There were 11 illegitimate births, four more than in the previous year, giving a rate of 27 per 1000 births. Of these, six were boys and five girls.

Table I. shows the Wards in which children whose births were registered in the district were born.

TABLE 1.

	M.	F.
Roberttown and Norristhorpe ...	22	12
Cleckheaton East	23	29
Cleckheaton West	24	27
Gomersal	30	19
Hightown	12	23
Millbridge	20	16
Oakenshaw	3	2
Scholes	12	14
Spen and Littletown	23	17

The rate of 12.7 births per 1000 of population is 19.6 per 1000 less than that for England and Wales, and about the same compared with 159 smaller towns of which Spenborough is one.

DEATHS.

The number of deaths registered in the district during the year was 347. From these must be deducted eight deaths of persons resident outside the district and dying in institutions within the district, and to them must be added one hundred and one deaths of residents in the district who died in institutions outside its borders.

This gives the number of net deaths as 440; equal to a rate of 14.1 per 1000 living, as compared with 10.2 in 1930, and an average of 12.8 for the five years 1926 to 1930.

Sixteen deaths occurred from influenza.

One hundred and sixteen deaths occurred from disease of the heart and blood vessels, and seventy-four from disease of the respiratory system (excluding tuberculosis), while thirty-six persons died of apoplexy or degeneration of the brain.

The mortality rate from malignant disease (cancer) was 1.9 per 1000, there having been 60 deaths from this disease, 50 per cent. more than in the previous year.

68.6 per cent. of the total deaths occurred from the above disease, a considerably larger proportion than in late years.

No deaths occurred from Small Pox, and none from Enteric Fever.

DEATHS FROM ZYMOTIC DISEASES.

Four deaths occurred during the year from the seven chief Zymotic Diseases. All from Diphtheria.

INQUESTS.

During 1931 twenty-seven deaths were the subject of Coroner's Inquests, or were certified by the Coroner without Inquest. This represented 6.1 per cent. of the total deaths, a much smaller proportion than in the previous year.

The ages at which these persons died were:—

Under 1 year	3
1—5 years	1
25—45 years	3
45—65 years	7
Over 65 years	13

The causes of Death were as follows:—

Suicide by Coal Gas	3	
Factory Explosion	1	
On Railway	1	
Motor Accident	1	
Overlying	1	
Other Violence	5	
Deaths by Violence		—12
Developmental Diseases	1	
Disease of Respiratory System	5	
Disease of Circulatory System	9	
Total		—27

Table II. Causes of and Ages at Death in 1931.

Causes of Death	Net deaths at the subjoined ages of Residents whether occurring within or without the district.											Registrar General's Return	
	All Ages	Under one year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 45 years	45 to 65 years	Over 65 years	Males	Females	Deaths in Institutions	Males	Females
Diphtheria	4		1	2			1		2	2	3	2	2
Influenza	16	1			1	4	4	6	12	4	1	12	4
Encephalitis Lethargica ...	1							1		1			1
Respiratory Tuberculosis ...	13				3	7	3		7	6	2	6	6
Other Tuberculous Disease ...	3		1	1	1				2	1	1	2	1
Cancer	60						31	29	29	31	17	29	31
Diabetes	6			1		1		4	3	3		3	3
Cerebral Hæmorrhage ...	36						5	31	16	20	1	16	20
Heart Disease	90					4	28	58	35	55	12	35	58
Other Circulatory Disease ...	26						5	21	20	6	5	17	6
Bronchitis	34	1	2			1	6	24	16	18	6	16	18
Pneumonia	36	10	3	1	2	5	7	8	23	13	7	23	12
Other Respiratory Disease ...	4						3	1	2	2	2	2	2
Peptic Ulcer	3					1	1	1	3		2	3	
Diarrhœa, etc. (under 2 years)	3	3							2	1		2	1
Appendicitis	4		1	2		1			2	2	4	2	2
Cirrhosis of Liver	1							1	1			1	
Other Diseases of Liver ...	6					1	3	2	4	2	4	4	2
Other Digestive Diseases ...	7	1					1	5	1	6	3	1	7
Acute and Chronic Nephritis	19					1	11	7	10	9	3	10	9
Puerperal Sepsis	1				1					1	1		1
Other Puerperal Causes ...	1					1				1	1		1
Congenital Debility, etc. ...	12	12							6	6	2	6	6
Senility	9							9	3	6	1	3	6
Suicide	3					2		1	1	2		1	2
Other Violence	9	1	1			1	3	3	5	4	3	5	4
Other Defined Diseases ...	32	2	1		2	4	5	18	16	16	10	19	16
Causes ill-defined or unknown	1				1					1	1		1
Total	440	31	10	7	11	34	117	230	221	219	92	220	222

Table III. Vital Statistics of the Whole District for 1926-31.

YEAR	Population estimated to middle of each year	Births		Total Deaths registered in the district		Transferable Deaths of Non-residents registered in the district	Transferred Deaths of Residents not registered in the district	Net Deaths belonging to the district			
								Under one year		At all ages	
		Number	Rate	Number	Rate			Number	Rate per 1000 Births	Number	Rate
1926	30720	451	14·65	333	10·8	4	63	25	55·43	392	12·7
1927	30510	434	14·22	347	11·3	5	111	33	76·03	451	14·78
1928	30510	438	14·3	272	8·9	8	96	22	50·2	360	11·8
1929	30750	442	14·3	358	11·6	7	100	35	79·2	451	14·6
1930	30780	413	13·4	257	8·3	8	69	18	43·6	313	10·2
1931	31250	396	12·7	347	11·1	8	101	31	78·3	440	14·1

Area of District in acres (Land and Inland Water)	...	...	...	5150
Total Population at all ages (Census 1931)	...	...	...	30962
Estimated Population by Registrar General	...	...	...	31250
Number of Inhabited Houses by Rate Book	...	...	...	8735

Table IV. Birth-Rate, Death-Rate, and Analysis of Mortality during the year 1931.

Provisional Figures.

(The mortality rates for England and Wales refer to the whole population but for London and the towns to civilians only).

	Rate per 1,000 Total Population		Annual DEATH-RATE per 1,000 population									Rate per 1,000 Live Births		Percentage of Total Deaths			
	Live-births	Still-births	All Cases	Enteric Fever	Small-pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhœa and Enteritis (under 2 years)	Total Deaths (under 1 year)	Certified by Registered Medical Prac'rs	Inquest Cases	Certified by Coroner after P.M. No Inquest	Uncertified Causes of Death
England and Wales ...	15·8	0·67	12·3	0·01	0·00	0·08	0·01	0·06	0·07	0·36	0·54	6·0	66	91·18	6·17	1·70	0·95
107 County Boroughs and Great Towns, including London	16·0	0·67	12·3	0·00	0·00	0·10	0·01	0·07	0·08	0·33	0·48	8·4	71	91·34	5·84	2·24	0·49
150 Smaller Towns (1921 Adjusted Populations, 20.000—50,000	15·6	0·73	11·3	0·00	0·00	0·07	0·01	0·05	0·05	0·36	0·43	4·0	62	92·17	5·49	1·25	1·09
London	15·0	0·50	12·4	0·01	0·00	0·03	0·02	0·07	0·06	0·26	0·57	9·7	65	89·52	6·23	4·24	0·01
Spenborough	12·7	0·30	14·1	0·00	0·00	0·00	0·00	0.00	0·13	0·51	0·38	5·1	78	93·87	5·68	0·45	0·00

		Puerperal Sepsis.	Others.	Total.
The maternal mortality rates for England and Wales are as follows:	per 1,000 Live Births ...	1·66	2·45	4·11
	„ „ Total Births ...	1·59	2·35	3·95
For Spenborough	per 1,000 Live Births ...	2·52	2·52	5·04
	„ „ Total Births ...	2·47	2·47	4·94

Table II. shows the causes of, and ages at death for the year 1931. It will be seen that there is a slight difference between the figures supplied by the Registrar General, and these obtained from the local registrars and transferable deaths, but this is not enough to effect the rate materially.

There was a very large increase in the number of deaths in 1931 compared with the previous year, though it was slightly less than in 1927 and 1929. The total was 8.5 per cent. in excess of the average for the ten years, 1921 to 1930. The increase was for the most part at the extremes of life, there having been seventy-two per cent. more deaths under one year and 57.5 per cent. more over the age of 65. There were smaller increases in the other age groups, except in the 5 to 15 and 15 to 25 years, in which there was a slight decrease.

Heart Disease, as usual, was the commonest cause of death, there being ninety cases, an increase of nearly fifty per cent. compared with 1930, but twelve fewer than in 1929. All but four of these deaths occurred in persons over 45 years of age, and they accounted for just one-fifth of the total deaths, about the same as in the year before. Other diseases of the circulatory system, mostly arterio-sclerosis, accounted for twenty-six deaths and apoplexy for thirty-six, increases of eleven and fifteen respectively. This group of diseases accounted for 34.5 of the total deaths.

Influenza was rather prevalent, particularly in the early part of the year, and sixteen deaths occurred from this disease, while Bronchitis killed thirty-four and Pneumonia thirty-six persons, and fourteen died of other respiratory diseases. This group, together with Respiratory Tuberculosis, accounted for one hundred and three deaths, or 23.4 per cent. of the total, a considerable increase in the average number of deaths from these causes.

Deaths from Tuberculosis showed a decrease of six compared with the previous year, and number sixteen. Of these thirteen affected the Respiratory System, the deaths from other forms of Tuberculosis numbering only three, the same as in 1930.

One death occurred from Puerperal Sepsis, the first since 1929.

The deaths from Malignant diseases increased by exactly fifty per cent., there not only being more deaths from it, but a larger proportion of the total deaths was due to Cancer.

The death rate of 14.1 per 1000 of the population compares very badly with that of 12.3 for the whole country, and 11.3 for the 159 small towns.

In 1931 the deaths exceeded the births by 44, equal to about 1.5 per 1000 of the population. I hope to return to this matter when detailed Census figures are available.

Table III. gives the Births, Deaths and Infantile Mortality for the district in 1931, and the five previous years, and Table IV. a comparison of certain Vital Statistics for the whole country, 107 large towns, 159 smaller towns, London and Spenborough.

Table VII. shows the Vital Statistics for each quarter of the year.

INFANTILE MORTALITY.

The Infantile Mortality rate for 1931 is most disappointing after the very low rate recorded in the previous year. Thirty-one children died before their first birthday, compared with eighteen in 1930. Of these fifteen died in the first quarter, only three less than in the previous twelve months. While the general death rate increased by 40 per cent. the Infantile Mortality went up by no less than 60 per cent., while the rate, owing to the decreased number of births was no less than 80 per cent. higher. Two-fifths of the deaths were due to respiratory diseases, and thirty per cent. were due to developmental causes.

The Infantile Mortality rate compares poorly with that for the whole country, for which it was 65.

The ages at which death occurred is very dissimilar to those in the previous year. In 1930 two-thirds of the deaths occurred in the first month, while in 1931 only 55 per cent. occurred during this period. In the former years only six children died between one and twelve months, and none between six and twelve months, while in 1931, fourteen died in this period. Beyond the heavy incidence of Pneumonia it is difficult to account for this very high mortality. It will be noted there were three deaths from Gastro-Enteritis, a disease usually associated with hot dusty weather, and one from which Spenborough is usually fairly free. It is curious that three deaths from this disease should have occurred in one of the coldest and wettest of recent years.

Table V. Infantile Mortality. Causes of Death and Ages

Causes of Death	Under 1 Day	2 to 7 Days	8 to 14 Days	15 to 21 Days	22 to 28 Days	Under 1 Month	2 to 3 Months	4 to 6 Months	7 to 9 Months	10 to 12 Months	First Year
Congenital Heart Disease.	1					1					1
Prematurity	1	1	1		2	5					5
Spinal Meningocele ...		1				1					1
Congenital Debility ...					1	1					1
Melæna Neonatorum ...		1				1					1
Overlaying		1				1					1
Influenza										1	1
Bronchitis				1	1	2					2
Broncho-Pneumonia ...			1		1	2	2		2	2	8
Lober-Pneumonia ...							1		1		2
Gastro-Enteritis ...			1			1	1	1			3
Dyspepsia							1				1
Pericardial Effusion ...	1					1					1
Meningeal Hæmorrhage ...	1					1	1				2
Infantile Paralysis ...										1	1
TOTALS ...	4	4	3	1	5	17	6	1	3	4	31

Table VI. Infantile Mortality in each Quarter.

CAUSE OF DEATH	First Quarter	Second Quarter	Third Quarter	Fourth Quarter
Congenital Heart Disease...	1			
Prematurity	1	2	1	1
Spinal Meningocele ...			1	
Congenital Debility ...			1	
Meloena Neonatorum ...				1
Overlaying		1		
Influenza	1			
Bronchitis	2			
Broncho-Pneumonia ...	6	1		1
Lobar-Pneumonia ...	2			
Gastro-Enteritis		2		1
Dyspepsia ...				1
Pericardial Effusion				1
Meningeal Hæmorrhage ...	1			1
Infantile Paralysis ...	1			
TOTALS	15	6	3	7

Table VII. Quarterly Summary of Vital Statistics.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Births Registered in District..	92	85	78	72
Males	47	46	40	36
Females	45	39	38	36
*Rate per 1000 living per an....	11·8	10·8	10	9·2
Deaths registered in District..	128	76	55	88
Males	67	33	27	44
Females	61	43	28	44
Corrected Deaths ...	155	98	73	114
Corrected Death Rate ...	19·8	12·5	9·3	14·6
Deaths under one year ...	15	6	3	7
Rate per 1000 population ...	1·9	·8	·4	·9
Rate per 1000 Births	141	60·6	34·5	78·6
Still Births	3	2		2
Age at Death—				
1 to 5 years	5	3	2	
5 to 15 years... ...		2	1	4
15 to 25 years ...	3	5		3
25 to 45 years ...	12	13	4	6
45 to 65 years ...	38	23	23	30
Over 65 years ...	82	46	40	64
Deaths from Zymotic Diseases	1	2		1
Rate per 1000 population ...	·03	·06		·03

* Not corrected for Births registered outside the district.

NURSING IN THE HOME.

No alterations have taken place during the year in respect to Home Nursing and the arrangements in force, which are managed by voluntary Associations, continue to be satisfactory.

MIDWIVES.

The same number of Midwives, namely five, have been habitually practising in the area as in the previous year. The personnel is the same, and no change has been made in the arrangements entered into some years ago with the subsidised Midwife.

LABORATORY FACILITIES.

Bacteriological Examinations are carried out Wakefield, and any chemical analyses are carried out by Richardson and Juffe, Bradford. During 1931 two water samples were submitted for chemical analysis. No samples of food were sent as this work is carried out by the County. (See Water and Sale of Foodstuffs).

Seventy specimens of various kinds were sent to the County Laboratory at Wakefield for bacteriological examination.

The following are details of specimens submitted:—

	Positive.	Negative.
Hair for Ringworm Spores	21	32
Swabs for Diphtheria	3	10
Sputum for Tubercle	2	1

ACTS AND ORDERS IN FORCE.

The following Acts and Orders are in force in the District:—

1. The Baths and Wash-houses Acts, 1846 to 1899.
2. Infectious Disease Prevention Act, 1890.
3. The Public Health Acts Amendment Act, 1890. (Parts 2, 3 and 5).
4. The Private Street Works Act, 1892.
5. Notification of Births Act, 1907.
6. The Museums and Gymnasiums Act, 1891.
7. The Shops Acts, 1904-1920.
8. The North Bierley Joint Hospital Orders, 1888 to 1916.
9. Liversedge and Mirfield Joint Hospital Order, 1894-96, 1916.
10. Oakwell Joint Hospital Orders, 1896 to 1916.
11. The Cleckheaton Gas Act, 1869.
12. The Cleckheaton Local Board Act, 1870.
13. The Cleckheaton Gas Orders, 1888, 1909, 1913.
14. The Cleckheaton Electric Lighting Provisional Order, 1900.
15. The Cleckheaton Urban District Council Act, 1914.

16. Order under Gas (Standard of Calorific Powers) Act, 1916.
17. The County of the West Riding of Yorkshire (Spenborough Urban District) Confirmation Order, 1915.
18. The Public Health Acts Amendment Act, 1907, Sections 15 to 33 in Part II., Sections 34 to 38, 43 to 47, 49 to 51 in Part III.; all Sections in Parts IV., V., VI., VIII. and IX.
19. Rats and Mice (Destruction) Act, 1919.
20. Heckmondwike and Liversedge Gas Companies Acts.
21. Gomersal Gas Companies Acts.
22. Spenborough Urban District Council Gas Order, 1921.
23. Spenborough (Offensive Trades) Confirmation Order, 1922.
24. Spenborough Butcher's Shops Closing Order, 1924.
25. Public Health Act, 1925.
26. Public Libraries Acts, 1892 to 1919.
27. Infectious Diseases (Notification) Act, 1889, extended to Chicken Pox, by Order, 1929.
28. Cleckheaton and Liversedge Electric Lighting Orders (Amendment). Special Order, 1930.

BYE-LAWS IN FORCE IN THE DISTRICT.

1. New Streets and Buildings, 1927.
2. Cemeteries, 1916.
3. Common Lodging Houses, 1916.
4. Public Baths, 1916.
5. Mortuary, 1916.
6. Public Wash-houses, 1916.
7. School Attendance, 1916.
8. Employment of Children and Street Trading, 1920.
9. Market, 1916.
10. Houses let in Lodgings, 1916.
11. Nuisances, 1916.
12. Hackney Carriages, 1917.
13. Slaughter Houses, 1917.
14. Offensive Trades, 1923.
15. Pleasure Grounds, 1923.
16. Public Slaughter-House, 1926.
17. Smoke Abatement, 1928.
18. Wireless Apparatus, 1930.

HOSPITALS.

No alterations have taken place during the year in Hospitals, either in or serving the area. Full details of this service were given in my report for 1930.

Much use is made of the voluntary Hospitals in the adjoining large towns. Over one-fifth of the total deaths allocated to the area occurred in Public Institutions, and though there appears to be no very great difficulty in obtaining beds for urgent cases, it seems as if there is a need for a small general Hospital in Spenborough.

SPECIAL DEPARTMENTS.

X-Ray work is carried out by the various hospitals serving the district.

There are no special dental hospitals either in the district or in the neighbourhood.

There is a special hospital for diseases of the Eye and Ear at Bradford, and also special departments for these cases at the general hospitals.

Massage.—The Ellison (Orthopædic Clinic), undertakes massage at the request of practitioners in the area.

The Registration of Nursing Homes Act (1927) is administered by the County Council.

There are two such homes in the district, both privately owned. One is for general and Maternity cases and the other for Maternity cases only.

MATERNAL MORTALITY.

There was one death during the year from Puerperal Sepsis, the patient having been removed to hospital. One other death occurred in relation to puerperal causes and followed an operation for hysterectomy. Owing to the small number of births in the district even one maternal death gives a very high maternal mortality rate. During the past five years there have been 8 deaths in or resulting from childbirth, four being from Sepsis and four from other causes. This gives a maternal mortality rate of 3.7 per 1000 births, which is a fraction below that of the whole country for 1931.

No alterations have been made during the year in investigating these cases, but consideration was given to the appointment of an obstetrical consultant who could be called in in cases of Puerperal Sepsis. Owing to the financial crisis this matter was postponed until some future time.

The following Table gives the details of the cases admitted to the three isolation hospitals serving the district during 1931:—

TABLE VIII.

	North Bierley	Crossley	Oakwell	All Hospitals
Remaining 31st December, 1930—				
Scarlet Fever	3	4	1	8
Days in 1930	93	94	24	211
Days in 1931	59	49	92	200
Total Days	152	143	116	411
Diphtheria	1	1	—	2
Days in 1930	5	23	—	28
Days in 1931	20	1	—	21
Total Days	25	24	—	49
Enteric Fever	1	...	—	1
Days in 1930	84	—	—	83
Days in 1931	3	—	—	3
Total Days	87	—	—	87
Admitted and Discharged in 1931—				
Scarlet Fever	40	25	13	78
Days	1806	928	663	3397
Diphtheria	8	5	10	23
Days	268	85	359	712
Tonsillitis	—	1	—	1
Days	—	9	—	9
Remaining on December 31st, 1931—				
Scarlet Fever	2	2	—	4
Days in 1931	16	45	—	61
Days in 1932	99	22	—	121
Total Days	115	67	—	182
Diphtheria	—	—	3	3
Days in 1931	—	—	185	185
Days in 1932	—	—	13	13
Total Days	—	—	198	198
Total Days, 1931	2172	1117	1299	4588
Scarlet Fever	1881	1022	755	3658
Diphtheria	288	86	544	918
Enteric Fever	3	—	—	3
Tonsillitis	—	9	—	9
Average Stay in Hospital (Days)	44.6	33.1	49.5	42
Scarlet Fever	46	37	55.6	44.3
Diphtheria	32.5	18.2	42.8	34.2
Enteric Fever	87	—	—	87
Tonsillitis	—	9	—	9

CLINICS AND TREATMENT CENTRES.

MATERNITY AND CHILD WELFARE CENTRES.

1. Valley Road, Liversedge. Open 1st, 3rd, and 5th Tuesday afternoon.
2. Church St., Cleckheaton. Open 2nd and 4th Tuesday afternoon.
3. Temperance Hall, Scholes. Open 2nd Thursday in the month, in the afternoon.
4. Ante-Natal Centre, Valley Road, Liversedge. Open every Wednesday afternoon.
5. School Clinics, Valley Road, Liversedge.
   General. Wednesday afternoon.
   Ophthalmic. Thursday afternoon.
   Throat and Nose. 1st and 3rd Monday afternoon.
6. Orthopædic Clinic. Ellison Clinic, Cleckheaton. Voluntary.
7. Tuberculosis Dispensary. Public Buildings, Liversedge. Friday mornings, W.R.C.C.
8. Venereal Disease. At neighbouring Hospitals.

School Clinics.—Full details will be found in the report of the School Medical Officer.

MATERNITY AND CHILD WELFARE NOTIFICATION OF BIRTHS ACT, 1907.

Three hundred and twenty-seven births were registered in the district during the year, the nett births being 396, the difference in the two figures being accounted for by the fact that children whose parents live in Spenborough were born in the Heckmondwike Maternity Home or other places outside the district.

Two hundred and seventy-three of the births registered in the district were notified within the statutory period of 36 hours and 51 later. That is, 83 per cent. were notified within the proper period. Of the births notified by the doctors fifteen per cent. were late, and of those notified by midwives, twenty per cent. were notified after the expiration of thirty-six hours. Punctuality in notification shows some improvement except in the case of births notified by midwives.

The births were notified as follows:—

	Within 36 hours.	Later.
By Doctors	153	29
By Midwives	110	22
By M.O.H., Heckmondwike ...	—	46
By M.O.H., other Districts ...	—	10

Nine still births were notified.

Three hundred and seventy-nine "First Month" visits were paid to newly-born babies, and 2,237 subsequent visits, making a total of 2,616 visits to children of under one year. The average number of visits paid to each child, deducting those who died before the age of one month, was 6.6, rather more than the previous year.

1,663 visits were paid to children of over one year and not yet attending school. Of these 23 were found to have some defect needing medical attention and were referred either to their own doctor or to the Child Welfare Centre.

METHODS OF FEEDING.

Breat only	318	250	230	190	27
Breast and Cow's Milk ...	12	20	32	13	3
Breast and Dried Milk ...	1	17	23	29	11
Breast and other Food ...	—	3	12	46	92
Cows Milk only	31	56	76	74	12
Dried Milk only	8	64	89	103	62
Milk and other Food	—	1	3	89	328
Condensed Milk	7	9	8	18	2
Patent Foods	2	13	22	25	10
Other Foods	—	—	—	—	175

CHILD WELFARE CENTRES.

It was decided during the year to hold a proportion of the Child Welfare Clinics in Cleckheaton. Attendances at the Centre at Valley Road, Liversedge, entailed very long walks for parents living in the Northern part of the area. Premises have been acquired in the old St. John's Infant School, and the Centre is open on the second and fourth Tuesday afternoons in each month, the Clinic being held at Liversedge on the remaining Tuesdays.

The following Table gives the details of each Centre, number of times open, and the attendances both of babies and toddlers.

		Attendances.			
	Session	Babies	Pre-school	Total	Per Session
Liversedge...	43	1283	377	1660	38.6
Scholes...	11	143	71	214	19.4
Cleckheaton	6	146	46	192	32
All Centres...	60	1572	494	2066	34.4

The total attendance, 2,066, was an increase of 14.5 per cent. on that for the previous year, and was only 18 below the record number of 2,084 in 1928. Had it not been for the atrocious weather during the first quarter of the year, when the attendance dropped on two or three occasions to under ten, this latter figure would certainly have been exceeded. On several occasions during the Summer the attendance exceeded 50, on one occasion reaching 65. Twenty-four per cent. of the total attendances were made by toddlers.

It is too early to be certain if the Centre at Cleckheaton is really supplying a want. There were 192 attendances in 6 sessions during October, November, and December. During the same months the total attendances at Valley Road were 214 in seven sessions, giving a total of 416 attendances on thirteen occasions at the two Centres. This total is about the average for the fourth quarter attendances for the past few years.

The attendances of babies increased by nearly ten per cent. and of the pre-school children in about the same proportion. Two hundred and eighty-nine individual babies were brought to the Cleckheaton and Liversedge Centres and 43 to the Scholes Centre. Many babies, however, attended both Centres at different times. In the pre-school class, 85 individual children attended the two main Centres and twelve were brought to the Scholes Clinic. Thus about 400 young children attended the Centres more or less regularly.

Two hundred and thirty-six babies attended the Centre for the first time during the year. There were 396 births in the district during the year, and, deducting 15 who died before reaching the age of one month and who consequently could not attend, this gives a percentage of 62 babies who were brought to one or other of the Centres.

While this figure leaves much room for improvement, it is an immense improvement on the previous year when only about twenty-five per cent. of the newly-born children attended.

As previously pointed out, the scattered and hilly nature of the district and the distances parents have to come militates against a really large proportion of all children being brought to the Centres, but it is noteworthy that those who refuse to attend are not necessarily those who live at a distance.

In February a most interesting and instructive Mothercraft Exhibition was held at the Town Hall. This was a great success, and the attendance of the public was considerably greater than on the two previous occasions. There were no set-lectures on this occasion, but many informal talks were given by the various stall attendants to small groups. The arrangements for the Exhibition were carried out most thoroughly by the ladies of the Voluntary Committee, who continue to show the greatest interest in the Centres and contribute very largely to their success.

The Centre at Scholes has maintained the improvement that begun in the Autumn of 1930. There were 214 attendances on the eleven occasions it was open, 143 being babies. There was a slight decline in the number of attendances by babies, but an increase in those of toddlers. The total attendances were two fewer than in 1930.

HEALTH VISITING.

All babies are visited during the first month, and at least four subsequent visits are paid during the first year. In cases where it appears necessary extra visits are paid. In all 2,616 visits were paid to babies of under one year, which gives, after deducting the fifteen who died during the first month, an average of nearly seven visits per child.

After a child reaches the age of one year these visits are still continued, though at considerably longer intervals until the child goes to school, usually during his fifth year, though many are sent immediately on reaching their third birthday. One thousand six hundred and sixty-three visits were paid to these children during the year. The Child Welfare Centre is open to these older children, and, in my opinion, the arrangements in force are quite adequate to deal with their needs.

CHILDREN'S ACT—PART I.

Immediately information is received of a child who comes under this Act, the house is visited, particulars are obtained of the foster parents, number of inmates, evidences of over-crowding, and of the general sanitary conditions of the premises. There are but few of these children in Spenborough, only six having come to my notice since the duties under the Act were transferred to Local Authorities. In no case has there been any fault to find with the conditions under which these children were living.

ORTHOPÆDIC WORK.

Great help is given to the Centre by the Spenborough Cripples' League which is held at the Ellison Clinic, Cleckheaton. This is a Society managed by a voluntary committee and under the care of Mr. James Phillips, of Bradford. Cases showing bone deformities due to rickets are sent to the Ellison Clinic for treatment with most excellent results. Ten of such cases were sent during the year.

There are no special arrangements in the district for dealing with unmarried mothers and illegitimate infants, but they are invited to come to the Centre where special supervision is exercised.

I have again to place on record my appreciation and thanks for the work done by the Ladies' Voluntary Committee in connection with the work of the Child Welfare Centre. Their work has contributed largely to the success of the Centre. Members of the Committee attend each time the Centre is open both at Valley Road and Scholes.

SUPPLY OF DRIED MILK.

Dried Milk is supplied to those who require it and who attend the Centre, at cost price, or free in necessitous cases.

5,662 lbs. of Dried Milk were disposed of during the year, a decrease of 2.5 per cent. compared with 1930. Of this amount 3,061 lbs. or 54 per cent. was given free compared with 49 per cent. in 1930 and 40 per cent. in 1929. The increase in the amount of free milk given, has again recurred, and is a very true index as to the conditions of employment in the area.

Every case is fully investigated before the concession is granted.

ANTE-NATAL CENTRE.

Dr. H. A. Channon resigned her appointment to the Ante-Natal Centre at the end of March, and Dr. C. Murray Wilson, of Leeds, was appointed in her place.

The returns show a slight set-back compared to the previous year. It seems that the success of an Ante-Natal Centre depends on the personality of the medical officer in charge to a greater degree than in any other branch. The mere change of medical officer is enough to interfere with the progress of the work. The reduction in the volume of work in the Centre is mostly shown in the number of expectant mothers who attended, but towards the end of the year the number appeared to be increasing again, and I think there should be no doubt that the figures for 1930 will be exceeded in the near future. It must be borne in mind that the number of births is declining each year, and that there is therefore an increasing diminution in the number of women who need the services of the Centre. Actually, the same number of women attended as in 1929, and there were forty-six fewer births. It is worth noting that in spite of the smaller number of women who attended, the average number of attendances made by each was the highest yet recorded. In 1929, 114 women made 325 attendances and in 1931 the same number made 393 attendances. There were 405 known pregnant women in the district during the year, and of these 28 per cent. attended the Centre, an increase of 3 per cent. compared with 1929, but a decrease of 7 per cent. compared with 1930.

The following are the attendances at the Ante-Natal Centre since its inception in 1925:—

Year	Attendances	Expectant Mothers	Average Attendance
1925	20	18	1
1926	71	35	2
1927	116	45	2.6
1928	251	93	2.7
1929	325	114	2.8
1930	436	155	2.8
1931	393	114	3.4

I append Dr. Wilson's report to me on the work of the Centre:—

To the Medical Officer of Health.

March, 1932.

There are several matters to be reported about the Ante-Natal Clinic during the past year:—

1.—That there has been very valuable co-operation between many of the local medical practitioners and midwives; also with the Heckmondwike Maternity Home. This greatly increases the usefulness of the Clinic. In order to obtain the best results there should be complete co-operation throughout the district.

2.—That the actual number of patients attending has dropped from 155 to 114. This may be accounted for by the corresponding drop in the birth-rate for the district. I think that the attendance of almost one-third of those mothers at the Clinic shows that it is being appreciated. Also there has been an increase of the number of attendances per patient; the average being 3.34.

3.—That the patients have shown very few serious physical defects. A small proportion have been referred to their private doctor on account of transient albuminuria, anæmia, slight degree of contraction of the pelvis, etc. Only two cases have required hospital treatment.

4.—That there is still difficulty in persuading the women to seek dental treatment. There is a fixed idea among them that any sort of interference with the teeth is dangerous during pregnancy. About ten of them have had free treatment.

C. MURRAY WILSON, M.B., Ch.M.

WATER SUPPLY.

The whole of Spenborough, with the exception of isolated cottages here and there in the more sparsely inhabited parts of the district, is supplied with water obtained from the City of Bradford. In Cleckheaton the water is supplied in bulk and distributed by the Authority, while in the rest of the district the water is distributed by the Bradford City water department.

The water is obtained from a large catchment area to the North of Pateley Bridge, and is a soft water of good quality.

A copy of analysis made in December, 1930, is appended below. The supply is, as a rule, adequate for all purposes, but in the Summer of 1929, following an extended drought during the Winter and Spring, the supply had to be curtailed. This is unlikely to happen again as large extentions have been undertaken by the City of Bradford water department, and are now approaching completion.

Analysis of a sample of Tap water taken on December 12th, 1930:—

Total solids, 8 grains per gallon.
Chlorine (combined), .6 grains per gallon.
Nitrates, nil.
Free Ammonia, .0021 grains per gallon.
Albuminoid Ammonia, .0014 grains per gallon.
Lead, nil.
Total Hardness (Clarks Scale), 3.2.

Analysts Report.—This is a water of high organic purity, shows no signs of even bygone infiltrated and oxidised drainage. It is very soft, and yet not so soft as to suggest the danger of plumbo-solvency.

We should consider it an excellent water for all drinking, domestic, and general industrial purposes.

(Signed) F. W. RICHARDSON and A. JUFFE.

No extensions have taken place during the year.

Complaints having been received that certain persons living in caravans were without an adequate water supply, enquiries were made, and it was found these people obtained their water from a spring. Samples were taken and submitted for analysis, but it was found that the water was fit for drinking purposes.

RIVER POLLUTION.

No complaints of River Pollution were received during the year.

SEWAGE DISPOSAL.

The greater part of the sewage from Spenborough is treated at the Main Sewage Works situated at the extreme South East portion of the district. There are, in addition, five other small works in the district, situated at Hare Park Lane and Clough Lane, Hightown, Liversedge; Broad Ings, Scholes; Bradford Road, Oakenshaw; and Bradford Road, Gomersal.

To all these works the sewage passes by gravitation and no pumping is necessary.

No alterations or extensions have taken place during the year.

PRIVY CONVERSION WORK.

The following Table shows the position in regard to the Sanitary accommodation of the district:—

Number of	1931.	1932.
Houses in the District	8802	8818
Water Closets	4542	4590
Waste Water Closets	522	521
Privies	1487	1468
Wet Ashpits	1117	1098
Open Ashpits	71	71
Dry Ashpits	758	758
Pail Closets	72	72
Dust Bins	3127	3153

During the year 19 privies were converted to water closets, and in all 48 water closets were put in, including conversions and extra accommodation.

ASHPIT SCAVENGING.

During the year ending December 31st, 1931, loads of refuse were disposed of as follows:—

	Loads
To Destructor Works, Cleckheaton	4669
„ Hightown Tip (Council's) Controlled	2847
„ Abattoir Tip (Council's) Controlled	2047
„ Quaker Lane Playing Fields, Controlled ...	781
„ Disused Pit Shafts	1580
„ Farmers on Land	1367
„ To Private Tips, Controlled	666
„ Gomersal Tip (Council's) Controlled...	994
Trade Refuse Disposed of	403
	15,354

Considerable progress has been made since the adoption of controlled tipping as a means of disposing of the household refuse in the district. The two tips where the controlled method is adopted and which are the Council's property are proving satisfactory, and no complaint has been received. In the autumn of last year the Spen Valley Play Fields' Association approached the Council on the question of the free use of ground for tipping. Their offer was accepted, and the work is in progress, and is a benefit to the ratepayers, and helpful to the Association.

The following figures show the cost of the several methods of disposal and collection:—

	Per Load. 1930.	Per Load. 1931.
Controlled Tipping	1s. 2½d.	1s. 0½d.
Destructor (Incineration)	3s. 6d.	2s. 9½d.
Collection	5s. 5d.	4s. 3½d.
Disposal (All Methods)	2s. 1¾d.	1s. 11½d.

Combined cost of collection and disposal service:—

1929.	1930.	1931.
8s. 4½d. per load.	7s. 6¾d. per load	6s. 3d. per load.

SANITARY INSPECTOR'S REPORT.

The following is a summary of the inspection carried out under the Public Health Act, and other Acts relating to Sanitary matters:—

Visits to Premises generally	7425
,, Public Abattoir and Slaughterhouses ...	1410
,, Bakehouses	34
,, Dairies and Cowsheds	332
,, Factories and Workshops	122
,, Cases of Infectious Disease	125
,, Offensive Trades	122
,, Houses under Public Health Acts	809
,, Houses under Housing Acts	62
,, Van Dwellings	16
Drain Tests	18
Informal Written Notices	122
Informal Written Notices complied with	90
Statutory Notices	3
Total Nuisances Unabated at the close of 1931 ...	29

New Drainage Constructed during the year—300 yards.

DISINFECTION.

The following number of rooms were disinfected during the years:—

For Scarlet Fever	120
,, Diphtheria...	31
,, Typhoid	0
,, Other Diseases	23
Total	174

Library books disinfected after Infectious Disease, 144.

OFFENSIVE TRADES.

The offensive trades within the district are as follows:—

Soap Boilers	2
Tripe Boilers	1
Fish Fryers	44
Rag and Bone Dealers	2

OUTWORKERS.

There are no outworkers in the district.

SMOKE OBSERVATIONS.

During the year 24 observations were taken of 30 minutes each, and the following Table shows the nature of the emissions.

In all cases of excess of the minimum allowed under the Smoke Abatement Act, 1926, information was laid before the offenders.

It is pleasing to state that in nearly every case effort has been made successfully to mitigate the nuisance.

In one case only has the nuisance been long standing, and this matter is having the earnest attention of the Council.

Duration of black smoke during 30 minutes' observation:—

	No. of Observations.
Nil	7
1 Minute or Under	1
5 Minutes or Under	1
Over 5 Minutes	15
	24

BAKEHOUSES.

There are twenty-four Bakehouses in the District and these have been inspected during the year and found to be in a satisfactory state.

There are no Underground Bakehouses in the District.

FACTORIES AND WORKSHOPS.

Visits to Factories 17. Workshops 105.

DEFECTS.	Found	Remedied.
Want of Cleanliness	1	1
Want of Drainage to Floors	2	1
Sanitary Accommodation Insufficient	2	2
Sanitary Accommodation Unsuitable	1	1

NUISANCES.

NATURE OF NUISANCES.	Found	Remedied.
Offensive Privies and Box Closets...	19	19
Defective Doors, Walls and Seats of Privies	5	5
Defective Dustbins and want of same	44	41
Defective and Insuffieient House Drainage ...	13	13
Defeetive Eaves, Spouts, Fallpipes and Roofing	43	39
Defective Doors, Windows, Plaster, Foranges and Floors	66	57
Defective External and Internal Walls	19	18
Defeetive and Untrapped Sink Waste Pipes...	9	9
Defective W.C. Cisterns, Pans and Fittings ...	18	16
Defeetive and Blocked W.C. Drains and Manholes...	50	49
Bloeked Sink, Yard and Rainwater Drains ...	26	24
Blocked Street Gullies	8	8
Untrapped Cellar Drains	1	1
Offensive Smells in Cellars from Defective Drains	6	6
Defective Subsoil Drainage	6	6
House Drains not conneeted to Sewer	1	—
Insuffieient Water Supply and Defective Fittings	1	—
Nuisanee from Keeping of Animals	1	1
Choked Sewers	1	1
Aeeumulation of Refuse and Manure	9	9
Dirty Condition of Houses	1	1
Cowsheds to Limewash	10	10
Dirty Condition of Yard	3	3
Dirty Condition of Cows	1	1
Dirty Condition of Piggeries	2	2
Nuisances from Effluvia	1	1
Defeetive and Insanitary Urinal	1	1
Dirty and Dilapidated Stable	1	—
Washing Accommodation	4	—
	370	341

HOUSING.

Number of New Houses erected during the year:—

(a) Total (including numbers given separately under (b)

(1). By Local Authority, nil.

(II). By other Local Authorities, nil.

(III). By other Bodies and Persons, 16.

(b) With State assistance under the Housing Acts:—

(I) By Local Authority.

(a) For the purpose of Part II. of the Act of 1925, nil.

(b) For the purpose of Part III. of the Act of 1925, nil.

(c) For other purposes, nil.

(2) By other Bodies or Persons, nil.

1. Inspection of Dwelling-houses during the year—

(1)	(a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)... ...	77
	(b) Number of Inspections made for the purpose.	87
(2)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925. ...	47
	(b) Number of Inspections made for the purpose.	62
(3)	Number of dwellings found to be in a state so dangerous or injurious to health as to be unfit for human habitation.	Nil
(4)	Number of dwelling-houses (exclusive of those referred to above) found not to be in all respects reasonably fit for human habitation	67

2. Remedy of Defects during the year without service of formal Notices—

Number of defective dwelling-houses rendered fit in consequence of informal action to the Local Authority or their officers	49

3. Action under Statuary Powers during the year—

(A)—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930:

(1) Number of dwelling-houses in respect of which Notices were served requiring repairs. Nil

(2) Number of dwelling-houses which were rendered fit after service of formal notice. Nil

(a) By owners.

(b) By Local Authority in default of owners.

(B).—Proceedings under Public Health Acts:

(1) Number of dwelling-houses in respect of which Notices were served requiring defects to be remedied.

(2) Number of dwelling-houses in which defects were remedied after the service of formal notices: Nil

(a) By owners.

(b) By Local Authority in default of owners.

(C)—Proceedings under Sections 19 and 21 of the Housing Act, 1930:

(1) Number of dwelling-houses in respect of which Demolition Orders were made Nil

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... Nil

(D)—Proceedings under Section 20 of the Housing Act, 1930:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ... Nil

(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit Nil

(E)—Proceedings under Section 3 of the Housing Act, 1925:

(1) Number of dwelling-houses in respect of which Notices were served requiring repairs ... ... Nil

(2) Number of dwelling-houses which were rendered fit after the service of formal notices:

(a) By owners

(b) By Local Authority in default of owners ... ... Nil

(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... ... Nil

(F)—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925:

(1) Number of dwelling-houses in respect of which Closing Orders were made... 1

(2) Number of dwelling-houses in respect of which Cllosing Orders were determined, the dwelling-houses having been rendered fit 1

(3) Number of dwelling-houses in respect of which Demolition Orders were made Nil

(4) Number of dwelling-houses demolished in pursuance of Demolition Orders Nil

HOUSING CONDITIONS AND OVERCROWDING.

No change has taken place in respect to these matters during the year. A full report on this subject appears in my report for 1930.

MILK SUPPLY.

The Milk Supply during the year has proved equal to the demands of the district.

Number of Cowkeepers registered	64
Number of Cowkeepers retailing milk ...	61
Number of Wholesale producers	2
Number of retailers not Cowkeepers	27
Approximate number of Milk Cows	506

During the year regular Inspections have been made of all Cowsheds, whilst on one or two visits some of the cows have not been up to the usual good standard of cleanliness, on complaint being made, improvement has followed.

It is, however, pleasing to find that the majority of farmers realise the importance of keeping animals, buildings, and equipment in a clean condition.

During the year three Inspections were carried out in the Spring, Summer, and Autumn by the West Riding County Council Veterinary Service.

In all 1,488 head of cattle were inspected, and from these 7 cases of tuberculosis were found. The animals were condemned and destroyed under the Tuberculosis Order.

MEAT INSPECTION.

Carcases Inspected—

	Public Abattoir.	Private Slaughter-houses.
Beasts	1818	789
Sheep	3404	1049
Pigs	1424	1128
Calves	79	10
Total	6725	2976

Meat Surrendered and Destroyed.

Public Abattoir—

	Tons.	Cwts.	Qrs.	Lbs.
Tuberculosis	5	10	0	14
Other Diseases		9	3	25
Total...	6	0	0	11

Private Slaughterhouses—

	Tons.	Cwts.	Qrs.	Lbs.
Tuberculosis	2	13	1	5
Other Diseases		2	1	4
Total...	2	15	2	9

	Tons.	Cwts.	Qrs.	Lbs.
Total from Public Abattoir and Private Slaughterhouses ...	8	15	2	20

TUBERCULOSIS FOUND IN BEASTS AND PIGS. PUBLIC ABATTOIR.

Detailed Report of Tuberculosis found in Beasts and Pigs:—

	No. Inspected.	No. Affected.
Beasts	1818	234
Pigs...	1424	99

Number of Cases:—

	Beasts.	Pigs.
Calling for Total Condemnation	16	4
Calling for Part Condemnation of Carcases	11	0
Callling for Condemnation of Organs only ...	207	95

PRIVATE SLAUGHTERHOUSES.

Detailed Report of Tuberculosis found in Beasts and Pigs:—

	No. Inspected.	No. Affected.
Beasts...	789	64
Pigs	1128	80

Number of Cases:—

	Beasts.	Pigs.
Calling for Total Condemnation	5	1
Calling for Part Condemnation of Carcases	4	0
Calling for Condemnation of Organs only ...	55	79

FOODS OTHER THAN MEAT, SURRENDERED AND DESTROYED.

Tinned Meat 30 lbs.
Tinned Fruit 29 lbs.

Table IX.

	Animal	Localised and Limited to: One organ only	Several organs in same cavity	Organs of both cavities	Heads only	Total of Localised Cases	Generalised and Extending to: Spleen	Kidney	Udder	Bones	Glands of the Muscular System	Total Generalised Cases
Public Abattoir	Cattle	120	21	55	32	228	16	16	15	—	16	16
Private Slaughter-houses ...	Cattle	38	1	2	9	59	5	5	3	—	5	5
Public Abattoir	Pigs..	2	1	45	47	95	4	4		—	4	4
Private Slaughter-houses ...	Pigs..	—	—	25	54	79	1	1		—	1	1

Table X. Notifiable Diseases in Age Groups and Wards

	All Ages	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 45 years	45 to 65 years	Over 65 years	Age not known	Oakenshaw	Scholes	East Ward	West Ward	Spen and Littletown	Millbridge	Hightown	Roberttown and Norristhorpe	General	Removed to Hospital	Diagnosis Revised
Scarlet Fever	83		15	49	14	4			1		17	11	11	15	2	4	9	14	82	
Diphtheria	28		7	21								2	6	2	2	2		14	28	1
Pneumonia	101	8	18	27	7	19	17	5			9	27	12	10	5	9	20	9		
Erysipelas	6					1	2	3			1	2		1	1	1			1	
Chicken Pox	45	3	23	16	3					1		6	3	3	6	7	7	12		
Ophthalmia Neonatorum ...	1	1										1								
Puerperal Fever	2				1	1									1	1			1	
Puerperal Pyrexia	4				2	2						2			1		1		3	
Ant. Poliomyelitis	1	1															1			
Respiratory Tuberculosis ...	20				6	11	3				1	1	3	4	1	2	6	2		
Other Tuberculosis ...	11		1	3	3	2	1		1		3	1		4	1		2			
TOTAL	302	13	64	116	36	40	23	8	2	1	31	53	35	39	20	26	46	51	51	1

Table XI. Infectious Diseases in Districts and Quarters

	Cleckheaton				Liversedge				Gomersal				Spenborough			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Scarlet Fever	3	12	12	12	4	8	6	12	6	3	2	3	13	23	20	27
Diphtheria	3	5			1	3	1	1		10	2	2	4	18	3	3
Pneumonia	32	9	2	5	25	13	1	5	4	3		2	61	25	3	12
Erysipelas	3				1	1	1						4	1	1	
Chicken Pox...	4	3	1	2	6		9	8	10		2		20	3	12	10
Ophthalmia Neonatorum ...		1												1		
Puerperal Fever ...						2								2		
Puerperal Pyrexia		2			1	1							3	1		
Ant. Poliomyelitis					1								1			
Respiratory Tuberculosis ...	1	3	1		4	4	2	3		1		1	5	8	3	4
Other Tuberculosis	1		2	1		3	3	1					1	3	5	2
Totals	47	35	18	20	43	35	23	30	20	17	6	8	110	87	[illegible]	58

INFECTIOUS DISEASE.

There was a large decrease in the number of notifications of Infectious Disease during the year compared with 1930. 302 cases of eleven notifiable diseases were notified, compared with 518 cases of twelve diseases in the previous year, a reduction of 41 per cent. This was entirely due to the large drop in the number of cases of Chicken-Pox which had been fairly prevalent for some years, and also to the fact that there was no Small-Pox for the first time for three years. The district was also entirely free from Enteric Fever during the year.

On the other hand there was a slight increase of Scarlet Fever, three cases, and a definite increase of Diphtheria, seven cases or thirty-three per cent compared with the previous year.

There were nearly twice as many cases of Pneumonia, but a reduction of nearly twenty-five per cent. in the cases of Tuberculosis that were notified for the first time.

SCARLET FEVER.

The incidence of Scarlet Fever was practically the same as the average for the preceding eleven years, there having been eighty-three cases notified, three more than in the preceding year.

As is usual, considerably over half the cases occurred in the 5 to 15 years age group, only five cases having occurred in persons over the age of 15. No case occurred in a baby of under twelve months. All parts of the district were affected, except Oakenshaw, though Millbridge and Hightown Wards only had six cases between them.

Scarlet Fever was most prevalent in Scholes, 17 cases; Spen and Littletown Ward with 15 cases, and in Gomersal where there were 14 cases; these three Wards accounting for well over half the total cases. All cases of Scarlet Fever, with one exception, were removed to hospital for isolation and treatment. For the most part the disease remained of a mild type. More cases occurred in the fouth quarter of the year than in any other and fewest in the first quarter.

Scarlet Fever was rather more prevalent during the year, on a population basis than it was in England and Wales as a whole, and considerably more so than in the West Riding. But since the proportion of susceptible persons, that is those under twenty-five appears to be lower in Spenborough than in the whole country, it would appear that Scarlet Fever is more than usually prevalent in the area. I hope to refer to this more fully in a future report when the 1931 Census figures are available.

DIPHTHERIA.

Twenty-eight cases of Diphtheria were notified during the year, of which one was found to be negative on further observation. This was a considerable increase, some thirty per cent. in the returns for the previous year. This is hardly surprising, for Spenborough has been remarkably free from this serious disease for some years. It appears that in the ten years, 1921 to 1930, there were 62 per cent. fewer case of Diphtheria in Spenborough than would have been expected on the population basis. In 1931 there were 34 per cent. fewer cases in Spenborough compared with the total number of cases in the country. Here again, the different age distribution would cause some modification in these figures.

All the cases of Diphtheria occurred in children between the ages of one and fifteen, and there were four deaths.

Scholes, Oakenshaw, Roberttown, and Norristhorpe escaped entirely during the year. There were six cases in the West Ward and fourteen in Gomersal, most among children attending the Council School. Several of these were infected by a carrier who was detected and isolated. No other ward had more than two cases.

The disease was most prevalent in the second quarter, eighteen of the twenty-eight cases have occurred between the beginning of April and the end of June. Ten of these cases were in Gomersal and five in Cleckheaton.

It is peculiar that Gomersal should have been so heavily attacked, as during the previous nine years there had only been four cases of Diphtheria in this part of the district.

PNEUMONIA.

Considerably more Pneumonia occurred during the year than in the previous twelve months. One hundred and one cases were notified. Cases occurred at all ages and in all wards except Oakenshaw. The age group most affected was that of 5 to 15 years, and the wards having most cases were Roberttown and Norristhorpe with 20 and East Ward with 27 cases. As is usually the case the first quarter had the heaviest incidence of Pneumonia, 60 per cent. of the cases occurring during the first three months of the year. During the third quarter there were only three cases.

CHICKEN POX.

Very much less Chicken-Pox occurred than for several years past. Only forty-five cases were notified, nearly half of which were in the first three months of the year. There were cases in all parts of the district, except in Scholes, Gomersal having most cases, namely twelve.

The incidence of Notifiable Diseases was heaviest in the East Wards with 53 notifications during the year, and Gomersal with 51.

According to the estimated populations of the various parts of the district there were 9.6 notifications per 1,000 of population in Cleckheaton, 8.9 per 1,000 in Liversedge, and 13.3 per 1,000 in Gomersal.

59.6 per cent. of the notifications were in children of from 1 year to 15, and 65.2 per cent. occurred in the first half of the year.

DISINFECTION.

All houses in which Infectious Disease occurs are disinfected immediately after the removal of the patient to hospital, or, in cases where the patient is nursed at home, as soon as the patient is certified as being free from infection.

The methods adopted appear to be quite adequate as second cases in the same house are scarce and when they do occur are usually due to direct contact with the original case.

INFECTIOUS DISEASE IN SCHOOLS.

This matter is fully dealt with in the report of the School Medical Officer in the second part of this report.

OPHTHALMIA NEONATORUM.

There was only one case of this disease notified during the year, with results set forth below:—

Cases	Notified	1
	Treated, at home	1
Vision	Impaired	nil
	Unimpaired	1
	Total Blindness...	nil
	Deaths	nil

TUBERCULOSIS.

Thirty-one cases of Tuberculosis were notified for the first time during 1931, of which twenty affected the Respiratory Organs.

The following is a summary of the ages of the patients notified:—

TABLE XII

AGES	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0								
1				1			1	
5				1			1	
10			2					
15	2	1		2	1			1
20	1	2				2		
25	4	4	1	1	2	2		
35	3	1	2		2	1		
45	2				1			
53			1		1	1		
65								
Totals	12	8	6	5	7	6	2	1

METEOROLOGICAL OBSERVATIONS, 1931

	January	February	March	1st Quarter	April	May	June	2nd Quarter	July	August	September	3rd Quarter	October	November	December	4th Quarter	1931	1930	1929	
Barometer Maximum	30.591	30.402	30.622	30.622	30.392	30.301	30.751	30.751	30.097	30.432	30.712	30.712	30.722	30.372	30.792	30.792	30.792	30.712	30.842	Inches
Minimum	29.116	29.267	29.607	29.166	29.308	29.587	29.687	29.308	29.448	29.267	29.397	29.267	29.567	29.248	29.427	29.248	29.166	28.852	28.533	Inches
Mean	29.877	29.863	30.059	29.933	29.953	29.969	30.066	29.993	29.788	29.959	30.227	29.991	30.172	29.853	30.233	30.087	30.001	29.933	30.017	Inches
Thermometer Maximum	50	52	62	62	63	72	73	73	74	72	69	74	66	61	56	66	74	90	84	Degrees
Minimum	20	21	17	17	30	30	35	30	44	37	33	33	21	29	20	20	17	21	9	Degrees
Mean	36.4	37.3	36.7	36.8	46	51.3	56.6	51.3	59.4	56.6	52.2	56.1	46.2	44.5	40.7	43.8	47	48.2	47.8	Degrees
Rainfall, inches	1.43	2.49	.27	4.19	2.88	2.29	4.76	9.93	2.85	3.04	3.09	8.98	1.02	3.2	.93	5.15	28.29	29.3	20	Inches
Days with .01 inch	16	22	6	44	17	17	15	49	19	14	10	43	9	17	10	36	172	181	137	Days
Sunshine, Hours	24.75	28.17	87.33	140·25	89.75	128.67	104.58	323	106.83	116.17	76	299	99.92	28.75	21.83	150.5	912.75	861.75	1073.92	Hours
Per cent. of Possible Sunshine ...	10.9	11.3	26.1	17·4	23.4	28.4	22.6	24.8	22.9	27.6	21.8	24.2	30.3	12.8	10.4	19.7	22.1	20.9	26	Per cent.
Sunless Days	20	15	7	42	6	8	5	19	4	6	10	20	6	14	15	35	116	115	100	Days

RAINFALL

	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
January	3·11	1·45	1·86	2·56	2.4	1.84	4.56	1.54	3·58	1·43
February	2·57	4·42	·86	3·95	2.03	.81	2.8	.29	·59	2·49
March	1·89	1.61	1·26	1·14	.9	2.07	1.74	.24	2·44	·27
April	3·2	1·81	1·28	2·15	.8	1.84	.68	.74	1·75	2·88
May	·98	2·94	4·06	4·16	2.59	1.58	1.83	1.16	1·32	2·29
June	1·6	·68	2·08	·09b	2.94	2.01	2.73	.75	1·74	4·76
July	3·64	4·84	2·62	1·9	3.34	2.78	.27	1.91	4·06	2·85
August	5·12a	3·14	2·34	3·5	3.31	3.26	2.94	2.12	2·94	3·04
September	3·4	1·8	2·84	2·37	1.4	3.32	.25	.81	3·53	3·09
October	·88	2·12	3·64	2·82	2.43	2.19	3.39	2.08	2·85	1·02
November	1·31	3·32	2·63	1·91	3.15	2.99	3.46	4.08	2·67	3·2
December	3·61	2·40	2·51	3·24	.93	2.1	.93	4.28	1·83	·95
Total	31·31	30.53	27·98	29·8	26.22	26.79	26.58	20.0	29.3	28·27

SUNSHINE

	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931
January	13	33·6	25.9	20·7	26·6	22·7	24·7	12.5	38.2	24.7
February	36·5	35·9	34·1	66·5	35·7	34·5	52·4	9.2	21.1	28.2
March	38·7	59·9	103·1	73·4	77·6	91·5	63·7	110.4	78.3	87.3
April	78·1	77·4	112·6	109	106·6	133·8	112·5	111.0	56.8	89.7
May	157	93·7	122·2	106·7	130·4	116·3	99·2	153.5	102.7	128.7
June	153	106·6	175·3	167·4	138·8	144·2	144·4	144·7	137.7	104.6
July	92·9	108·9	146·2	130·2	153·7	120·3	202·7c	155·6	84.5	106.8
August	91.7	109·7	134·2	95·5	138·2	90·6	149·8	111·3	123.5	116.2
September	43·3	118·5	109·8	92·2	113.7	89·4	96·9	131·6	81	76
October	41·2	78·4	70·2	87·6	84	70·2	80·6	86·5	85.7	99.9
November	27·3	27·9	37.5	44·6	26·3	39·7	38	18·4	42.2	28.7
December	34·7	23·6	35·3	25·7	31·5	16·7	8·1d	29·0	9.8	21.8
Total	807.5	874·1	1106·4	1019·5	1063·1	969·9	1073·	1073.7	861.5	912·7

a—Wettest month in 25 years, except September, 1918 with 7·8 inches and July, 1920 with 7·15 inches.
b—Dryest month in 25 years.
c—Sunniest month in 10 years.
d—Most sunless month in 10 years.
Annual Rainfall for 26 years, 28·78 inches,
Dryest Year, 1929, 20 inches. Wettest Year, 1912, 39·97 inches.
Average Sunshine for 9 years, 976·14 hours.
Sunniest Year, 1924, 1106·4 hours. Most Sunless Year, 1922, 807·5 hours.

The wettest periods for three months since 1919 was May to July, 1920, 13·06 inches. July to September, 1922, 12·16 inches. November 1929 to January, 1930, 11·94 inches.

The dryest period of three months since 1919 was February to April, 1929, with 1·27 inches.
From December, 1928 to June, 1929, only 5·65 inches of rain fell, ·8 inch per month.

The sunniest period of three months since 1921 was June to August, 1928 with 496·9 hours and May to July, 1929 with 453·8 hours.
The most sunless period of three months since 1921 was December, 1928 to February, 1929. with 29·8 hours, or just under 20 minutes per day.
From March to September, 1929, there was 918·1 hours of sunshine or 94 per cent of the average yearly amount for 10 years.

Only one death from Tuberculosis had not previously been notified. This was a woman of 46 who died from Pulmonary Tuberculosis, stated to be "of many years standing." This gives a percentage of 4.5 non-notified cases.

The following Table gives the number of cases of Tuberculosis on the register on December 31st, 1931:—

TABLE XIII

	Pulmonary	Non-Pulmonary	TOTAL
Males	93	39	132
Females	68	47	115
TOTAL	161	86	247

Sixteen notifications were received of admissions of persons suffering from Tuberculosis to Sanatoria, and sixteen of those discharged.

The housing conditions were investigated in fourteen cases where patients had been sent to Sanatoria at the request of the County Medical Officer.

The following are the Institutions to which Tuberculosis patients were sent:—

	Admissions. Form 1.	Discharges Form 2.
Middleton in Wharfedale	9	9
Cardigan Sanatorium	3	3
Morton Banks...	1	—
Shropshire Orthopædic Hospital	1	1
Stannington Sanatorium...	—	1
Crookhill Hall...	1	1
Leages House	1	1

INDEX

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REPORT

OF THE

SCHOOL MEDICAL OFFICER

For the Year

1931

John Siddall, The Spenborough Press, Cleckheaton

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SPENBOROUGH EDUCATION AUTHORITY

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER

To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,—

I have the honour to present to you my Annual Report for the School Medical Service for the year 1931, being the twelfth of the series.

The report is planned according to the suggestions of the Board of Education, and the special statistical tables, setting forth particulars specially required by the Board are grouped at the end of this report.

Routine School Medical Inspection has been carried out regularly throughout the year, all schools being visited each quarter. In the case of some schools two visits are sometimes necessary in one quarter.

Rather a larger number of children were inspected than in the previous year, this being, in the main, due to the examination of winners of County Minor Scholarships, of which there were a considerable number, at the routine inspections in July.

As usual, a large number of "under fives" have not been examined, owing to their extremely irregular attendance.

Parents continue to show considerable interest in the Examination of their children, the percentage of these attending being the highest of any year since the war. All parents are notified of the time of inspection and are invited to attend and quite frequently all do so.

It is very satisfactory to be able to report that the general condition of the children is good. Typical of defect such as skin sores, sore eyes, and general evidence of neglect are rare compared with what was the case some years ago. This is partly due to the work done by the School Nurses in the schools, but also to the much greater care exercised by parents. It is nearly true to say that if a child is found to be suffering from a "neglect" defect to any degree, it will be found to come from one of a score or so of families well-known to the School Medical Staff.

As will be seen from the report on the Cleanliness inspections, the condition of the large majority of children leaves little to be desired.

Excluding Dental decets, 81 defects were found amongst every hundred children examined compared with one hundred and seven in 1921. If, however, slightly enlarged tonsils, requiring no treatment, and cases showing evidences of old rickets are excluded, the number of defects for a hundred children examined is only 51, compared with seventy-eight in 1921.

It is interesting to note that very many fewer cases of enlarged tonsils and adenoids that call for operation are found than was previously the case. At the same time the number of children operated on privately and at hospital has considerably increased. This is further evidence that parents are taking greater interest in the medical cure of their children than formerly.

Evidence of severe rickets are comparatively uncommon, especially in the intermediate and entrant group. This is undoubtedly due to the improved method of infant feeding during the past ten years.

As is always the case, with the exception of Dental cases and slightly enlarged Tonsils, the commonest defect found at the Medical Inspection was Defective Vision. This seems to be even commoner in Spenborough than in the country at large, judging by figures published by the Chief Medical Officer of the Board of Education. About one child in four has subnormal vision in some degree or other, though in a full half of these children the defect is so slight that treatment is not necessary. The response to notice that treatment is

necessary is fairly satisfactory, but a large amount of time is taken up in following up certain of these cases. The matter is dealt with more fully in the section dealing with treatment of errors of refraction. In addition to the children found with defective vision at Medical Inspection, a considerable number are referred to me as specials. Mr. McKie Reid attended regularly during the year and dealt with a considerable number of these cases.

There were rather more cases of Ringworm than in the previous year, most of the cases occurring in one school and since the source of infection was known, cases were found as soon as the disease appeared and got well fairly rapidly.

The Dental service has continued to function in a satisfactory manner, and the percentage of children seeking treatment remains about the same. I am afraid there is but little prospect of obtaining a much larger percentage of children or of getting them to come to the Clinic oftener owing to the considerable distances many have to travel and the amount of time a visit to the Clinic entails, a very important matter for the parents, most of whom accompany their children.

A considerable amount of time was given up during the year in verifying the individual children who should be included as "Exceptional Children" (Statistical Table III.).

The two largest groups in this Table are the Mental Defectives and "Delicate" children.

The Examination and Classification of the Mental Defectives are dealt with later in the report. Dealing with these children in a district the size of Spenborough is a difficult problem. It always appears that while they obtain little or no benefit from attendance at an ordinary school, the provision of a properly-equipped special school for the comparatively small number that there are is entirely uneconomic.

As regards the "Delicate" children the position is different. I am in hope that when the present economic stringency has passed that it will be found possible to provide an open-air school for these children, who would, I am sure, benefit greatly from such an institution.

There have been no changes in the staffing of the Department during the year.

I have again to express my thanks to the Director of Education for his co-operation and ready help in enabling me to carry out my duties as School Medical Officer with the minimum of disturbance to School Routine, and also to my clerk for the preparation of certain of the Tables in this report.

I am,

Ladies and Gentlemen,

Your obedient servant,

L. PICKERING-PICK,
School Medical Officer.

ROUTINE MEDICAL INSPECTION.

AGES AT INSPECTION.

All children in Elementary Schools are, or should be, examined three times during their school life. The first examination is on entrance to the infants' department, the second during the ninth, and the last during the thirteenth year of age.

In Spenborough the examinations take place, as regards entrants, at the first visit paid to the school by the School Medical Officer after entry, and the other two during the quarter in which the child reaches the age of eight years and six months and twelve years and six months respectively. Visits are paid to each school once at least every quarter, and it is thus possible to keep the examinations up-to-date. At the end of any given year all children in the Intermediate and Leaver groups due for inspection have been examined with the exception of a few who happened to be absent from school on the date of the final visit of the year.

It is not possible, however, to keep up to date to anything like the same extent in the examination of entrants. A very large number of Spenborough children come to school for the first time before the compulsory age of five, many being sent immediately on reaching their third birthday. Many of these attend most irregularly, some only coming to school in the mornings and others only in the afternoon, just as the whim happens to take them or their parents. In consequence a large number of these small children are missed time after time, in fact, some are never examined at all until they reach the age of compulsory attendance.

The number of these irregularly attending "under fives" which had shown a decrease in 1930 again went up last year. Four hundred and thirty-five notifications of examinations of these very young children were sent out and no less than one hundred and thirty-seven of them were absent, some having been removed from the register until reaching the age of five. This gives a percentage of 31.5 compared with 28.6 last year, and 40 per cent. in 1929.

The children noted in Statistical Table I. as Other Routine Inspections are older children coming to a Spenborough School from some other district, and who do not, owing to their age at the time, fall into one of the code groups, and also a few children who for one reason or another have missed a Routine Examination.

At the Routine Inspections, any cases specially referred to me by Head Teachers, School Nurses, or Parents, are seen as "Specials," and old cases are, when considered necessary, re-inspected.

During the year 1,364 children were medically inspected at the Routine Inspections, an increase of seventy-nine, compared with the previous year. Of these, five hundred were entrants, an increase of fifty-four. This was not due to any increase in the number of young children in the district, but to the adoption of a different method for obtaining the names of new admissions, by which these names are obtained a month or six weeks' earlier than they were previously. Consequently, a considerable number of children were examined in the last quarter of 1931 who, under the old system would not have been inspected till this year.

As forecast in my report for 1930, the number of Intermediates declined from 425 to 389, while the Leavers showed a very small increase. It is probable then for some years at any rate there will be a small but steady decline in the number of children examined, though this decline may be modified somewhat by immigration into the area.

FINDINGS AT MEDICAL INSPECTIONS.

CLOTHING AND FOOTGEAR.

There is little to note in this matter that has not been dealt with in previous reports.

The children on the whole are cleanly and sufficiently clad and well shod. There are more defective boots than clothes, one of the chief defects of the former being the use of light sand shoes in wet weather. Clogs are by no means as common as formerly.

It is rare to find children with ragged clothes and for the most part the amount of clothing is adequate. There were, as usual, a certain number of the younger children who were greatly overclothed.

It is very rare indeed to find that a child has defective clothing when its mother is present at the examination, practically all such cases occurring amongst children where mothers will not trouble to be present.

MALNUTRITION.

The children in the Spenborough Elementary Schools are on the whole well nourished and well cared for, but there are a small percentage which are definitely under-nourished. The estimation of a child's nutritional condition is by no means easy, and during the past few years a formula has been adopted, by which this condition is estimated. The formula is based on weight combined with the ratio of weight to height. This, so far as can be judged, gives a fairly accurate indication of the child's nutritional condition, but cases are occasionally found where it gives a false estimate, but these are very few.

During the year eleven boys and seventeen girls were found to be of subnormal nutrition, and four boys and six girls to be suffering from definite malnutrition. Thus, the nutrition of the 1,364 children inspected during the year was found to be subnormal in 2.05 per cent. and definitely bad in .73 per cent. In other words 97.22 per cent. were well nourished according to the standard adopted.

Twenty-four children where nutrition had previously been estimated as subnormal and fourteen who were noted as suffering from malnutrition were re-examined, and nine of the former and five of the latter were found now to be normal.

Table I. is a summary of these cases arranged according to the schools attended. It will be seen that there is a considerable degree of variation in different parts of the area, but it must be borne in mind that this formula was only put into use in the middle of 1929, and consequently only about half the children in the schools have been subjected to its standard.

TABLE I.

SCHOOLS	NEW CASES												OLD CASES						TOTAL		
	Subnormal Nutrition						Malnutrition						No Change				Now N'mal				
	Boys			Girls			Boys			Girls			Boys		Girls		Boys	Girls			Grand Total Undernourished
	E	I	L	E	I	L	E	I	L	E	I	L	SN	M	SN	M			SN	M	
Oakenshaw					1										3			1	4		4
Scholes			1			1					1				1				3	1	4
Hightown Council ..														1		2				3	3
Whitcliffe Road.. ...				1							1		1				2	1	2	1	3
South Parade			1			1										3			2	3	5
Heaton Avenue... ...													2	1		1	3		2	2	4
Millbridge National ..	1	1			1	1						1	2		1	2		1	7	3	10
Littletown	2				1					1			5		1	1	1		9	2	11
Gomersal Council ...									1					1				1		2	2
Gomersal National ...		1				4		1	1			1	1			1			6	4	10
Millbridge Council ..		1		1							1		1		3		3	1	6	1	7
Norristhorpe	1		1	1		1							1			1			5	1	6
Roberttown Council ...			1			1													2		2
Roberttown National ...				1		1													2		2
Hightown National ...								1					1		1				2	1	3
ALL SCHOOLS ...	4	3	4	4	3	10		2	2	1	3	2	14	3	10	11	9	5	52	24	76

E Children under 7
I Children from 7 to 12
L Children over 12

Table II.

Comparison of Nutrition between Children examined in 1931, compared with those examined in 1921

Differences expressed as percentage increases or decreases

Age	BOYS						GIRLS					
	Height		Weight		Ratio W/H		Height		Weight		Ratio W/H	
	Inc.	Dec.	Inc.	Dec.	Inc.	Dec.	Inc.	Dec.	Inc.	Dec.	Inc.	Dec.
3		.6	4.9		5.7			.4	.6			
4	2.7		12.4		8.7		3.9		6.6		2.2	
5		.5		.5	2.1		1.9		1.4			1.1
6		2.1	12.2		8.2		5.1		11.5		6.6	
7		1.6	.4		1.9		4.0		4.1			
8	1.3		5.9		4.7		1.7		2.4		.9	
9	5.2		15.7		11.0		5.9		12.8		6.3	
10		5.9	8.0		15.0		3.4		10.8		7.6	
11	4.2		9.3		4.9		2.3		9.8		7.3	
12	1.5		7.2		5.4			.7	1.4		3.0	
13	11.2			9.2		18.9	5.2		7.3		12.6	
All Ages	**.9**		**6.5**		**4.5**		**1.6**		**3.6**		**1.7**	

All children on an average increased n height by 1.27 per cent.
in the Ratio W/H by 2.67 per cent.
in weight by 4.97 per cent.

Table II. indicates the percentage differences between children examined in 1921 and those examined in 1931. The figures are the percentage of increase or decrease in 1931 compared with 1921 in regard to Height, Weight, and the Weight to Height Ratio. It will be seen that there is a very general improvement, except in the case of the height of the boys. In five age groups there is a decrease in height, but in only two is there a decrease in weight, and the Weight to Height Ratio is greater in all but one group, and that the smallest group if any.

In the case of the girls, height was slightly less at ages three and twelve, weight was universally greater. The Weight to Height Ratio was less at five, and the same as in 1921 at ages three and seven.

Taking both sexes and all ages the children's height has increased by 1.27 per cent., their weight by 4.97 per cent. and their Weight to Height Ratio by 2.67 per cent.

Taking into consideration existing conditions this is a most satisfactory state of affairs, and one that one hardly would have expected, or even hoped for.

UNCLEANLINESS.

So far as School Medical Inspection is concerned there was a slight set-back during 1931 in the number of children who were found to be in a dirty condition.

Out of the 1,364 children inspected, 36 were found defective in this respect, giving a percentage of 2.6 compared with 1.8 last year and 3.1 in 1929. The total number is small, and so far as the elder children are concerned most have been previously found to be dirty. As is always the case, the majority of defectives were girls with nits in their hair. In most of the cases the defect was slight, and in no case was the hair in a very bad condition. The only really bad case seen during the year was a special, an old offender.

The figures for Routine Inspection are rather better than those given in the following section, relating to the Nurses' Cleanliness Inspection. This is partly due to the fact that no notice is given to parents of the latter and also because certain children, who are always unclean have to be included time after time in the Cleanliness Inspection records whereas they only appear in the Medical Inspection records once in four years.

The following shows the findings at the Routine Examinations. The head defects include Sores, Pediculi, Nits, Dirty Scalps, and the body defects, Dirt and evidences of Vermin.

Heads.		Bodies.	
Boys.	Girls.	Boys.	Girls.
Nil.	30	4	2

CLEANLINESS INSPECTIONS.

A scheme for the inspection of children with regard to cleanliness has been instituted, and is carried out by the School Nurses.

When conducting this inspection the Nurse sees every child in the school and notes the condition, whether clean, with nits, pediculi, dirty scalps or dirty bodies. The names of the defectives are entered on a special card and the defect noted against the child's name. Notices are then sent to the parents calling attention to the fact and advising and giving directions for the treatment.

In about ten days' time the Nurse again visits the same school and re-inspects those children who were found to be defective at her previous visit. It is hoped by this means, and by following up the bad cases, that the greater number will be cured. The matter is a difficult one to deal with, the attitude of certain parents to this condition being most casual.

Owing to representations of the Board of Education there are now three of these Cleanliness Inspections during the year in place of the two previously considered to be sufficient.

In view of the low percentage of dirty children and of the fact that those who are found defective in this respect are the same, for the most part, year after year, and that their parents take no notice whatever of advice, it is rather difficult to see what good purpose can be served by this extra inspection.

The inspections are held when the school reassembles after the Christmas holidays, after Whitsun, and during the Autumn terms.

At the three Examinations there were 12,215 inspections, of which 94.3 per cent. were clean, leaving only 5.7 per cent. defective.

At the Spring inspection, 94.23 per cent. were clean, in the Summer 93.67 per cent. and at the Autumn inspection 95.13 per cent. were clean. This latter inspection showed the best results of any since the scheme was introduced, comparing favourably with 94.43 per cent. in 1930 and 93.17 per cent. in 1929.

616 children were re-examined and 186 were found to show no improvement, a percentage of 30.2. This is a slightly larger percentage than in previous years.

Allowing for the fact that these 186 children were found at the three inspections, and that a certain number of children were absent at the time of the Nurse's visit, it appears that the parents of about four and a half per cent. of the children attending the Spenborough Schools are either too stupid or too busy to give their children the attention they need.

The School Nurses report that year after year children from the same families show signs of infestation. A considerable number make some attempt to remedy the condition when their attention is drawn to it, but immediately direct supervision is withdrawn the condition recurs. It is very difficult to know what to do in these cases. It is extremely unfair to the large majority of parents who keep their children in the good condition in which most of the Spenborough school children are that their children should run the risk in being infested owing to the crass laziness of a very small minority.

Notices, advice and even threats have no effect whatever on these people, and though I dislike the idea of Court proceedings intensely, I see no alternative but that for dealing with these cases.

As would be expected there is some differences in the number of clean children at the various schools. At the three inspections twenty-seven schools had 95 per cent. or more clean children, and one at the Autumn inspection had a 100 per cent. This was Knowler Hill Infants' School. Only five schools had less than 90 per cent., two schools once each and one school on each occasion. The lowest percentage was 84.63. Twenty years ago this would have been considered a very good record in most schools.

Tables III. IV. and V. give a summary of the Nurse inspections and re-inspections.

Table III—SPRING CLEANLINESS INSPECTION, 1931

SCHOOL	No Examined	With Nits only	With other Defects	Clean	Per Cent.	No. Re-examined	Improved	Per Cent.
Moorend C. E.	221	7	1	213	96.38	8	5	62.5
St. Luke's C. E.	141	5	3	133	94.32	7	2	38.57
Hightown Council ...	240	8	—	232	96.66	6	4	66,6
Oakenshaw Council ...	127	5	—	122	96.06	4	3	75.
Scholes C. E.	209	6	1	202	96.65	5	5	100.
Heaton Avenue (Inf. and Jun.).	278	6	2	270	97.12	8	8	100.
Whitcliffe Road (Inf. and Jun.).	372	11	11	350	94.08	17	11	64.70
Millbridge National ...	287	9	8	270	94.07	13	10	76,92
South Parade Modern ...	192	6	5	181	94.27	9	4	44.4
Gomersal Council ...	362	26	6	330	91.16	24	17	70.83
Littletown Council ...	236	17	8	211	89.40	20	14	70.
Gomersal National ...	227	13	4	210	92.51	17	12	70.58
Norristhorpe Council ..	250	3	12	235	94.00	13	4	30.76
Roberttown Council ...	119	3	4	112	94.11	6	6	100.
Hightown National ...	141	—	2	139	98.58	2	2	100.
Knowler Hill Council ...	50	4	—	46	92.00	4	2	50.
Millbridge Council ...	335	12	7	316	94.32	19	11	57.89
Roberttown National ..	151	6	6	139	92.05	10	5	50.
ALL SCHOOLS ...	**3938**	**147**	**80**	**3711**	**94.23**	**192**	**125**	**65.1**

Table IV—SUMMER CLEANLINESS INSPECTION, 1931

SCHOOL	No. Examined	With Nits only	With other Defects	Clean	Per Cent.	No. Re-examined	Improved	Per Cent.
Moorend C. E.	248	8	3	237	95.56	11	8	72.72
St. Luke's C. E.	138	5	3	130	94.27	10	5	50.00
Hightown Council ...	258	6	3	249	96.53	9	6	66.66
Oakenshaw Council	150	11	2	137	91.33	13	7	53.84
Scholes C. E.	201	4	1	196	97.51	5	1	20.00
Heaton Avenue (Inf. and Jun.) ...	325	3	10	312	96.00	12	10	83.33
Whitcliffe Road (Inf. and Jun.) .	370	6	13	351	94.86	19	12	63.15
Millbridge National ...	288	4	15	269	93.40	19	13	68.42
South Parade Modern	214	2	6	206	96.26	7	6	85.71
Gomersal Council	319	25	24	270	84.63	43	34	83.12
Littletown Council	251	16	19	216	86.05	34	27	79.41
Gomersal National ...	240	11	8	221	92.08	18	15	83.33
Norristhorpe Council ...	249	7	10	232	93.17	15	6	40.
Roberttown Council ...	138	2	1	135	97.82	4	3	75.
Hightown National ...	180	3	4	173	96.11	5	4	80.
Knowler Hill Council ...	60	1	—	59	98.33	1	1	100.
Millbridge Council ...	406	6	9	391	96.30	12	6	50.
Roberttown National ...	152	7	7	138	90.78	13	3	23.07
ALL SCHOOLS ...	**4187**	**127**	**138**	**3922**	**93.67**	**250**	**169**	**67**

Table—AUTUMN CLEANLINESS INSPECTION, 1931

SCHOOL	No. Examined	With Nits only	With other Defects	Clean	Per Cent.	No. Re-examined	Improved	Per Cent.
Moorend C. E.	223	7	1	215	96.41	8	3	37.5
St, Luke's C. E. ...	132	5	—	127	96.12	5	2	40.00
Hightown Council	245	1	1	243	99.18	2	2	100.00
Oakenshaw Council	128	8	2	118	92.18	10	9	90.
Scholes National	215	7	1	207	96.27	8	6	75.
Heaton Avenue (Inf. and Jun.) ...	304	4	5	295	97.03	9	9	100.
Whitcliffe Road (Inf. and Jun.)...	336	7	13	316	94.04	16	13	81.25
Millbridge National... ...	289	5	5	279	96.53	10	6	60.
South Parade Modern ...	235	2	6	227	96.59	8	8	100.
Gomersal Council	317	9	2	306	96.52	8	6	75.
Littletown Council	261	21	8	232	88.88	23	22	95.65
Gomersal National	239	19	10	210	87.86	26	19	73.07
Norristhorpe Council ...	258	7	8	243	94.18	15	13	86 66
Roberttown Council ..	137	5	1	131	95.62	5	2	40.
Hightown National... ...	148	—	5	143	96.62	5	2	40.
Knowler Hill Council ..	73	—	—	73	100.	—	—	—
Millbridge Council ...	404	9	8	387	95.79	8	7	87.
Roberttown National ..	146	4	3	139	95.20	7	3	42.8
ALL SCHOOLS .	**4090**	**120**	**79**	**3891**	**95.13**	**174**	**136**	**78.16**

MINOR AILMENTS.

Comparatively few of these cases were found at Routine Examinations. Nine cases of Anæmia were found, of which all but two were referred for treatment unless already under medical care. This was only about half the number of cases found in the previous year.

The commonest of these ailments were non-tuberculous chest trouble, of which there was slightly more than in 1930, probably due to the sunless Summer. There were eighty-two of these cases, of which nine were definite bronchitis, most of them of an old standing nature, and the rest were slight catarrh. Twenty-five of these cases were referred for treatment and the rest re-inspected on my next visit to the school.

ENLARGED TONSILS AND ADENOIDS.

Two hundred and eighty-nine children, or 21 per cent. of all examined, were found to be suffering from enlarged tonsils, or adenoids, or both. This is a slight decrease, 2 per cent., on the previous year.

The large majority were cases of slightly enlarged tonsils with no evidence of adenoids and required no treatment, though all were subsequently re-inspected. Twenty-seven only of these cases were referred for treatment. (See treatment of tonsils and adenoids page 32).

TUBERCULOSIS.

Very little tuberculosis came to light during the year. There was one notified case of pulmonary tuberculosis, now quiescent, and two cases in which the cervical glands were affected.

SKIN DISEASES.

Sixty-one cases of skin diseases were found during the year, rather more than in the previous twelve months. Of these forty-six were referred for treatment. There were fifteen cases of impetigo, four less than in 1930, all of which were referred for treatment. No cases of ringworm or scabies came to light, though one case of body and eleven cases of head ringworm, and five cases of scabies (all in one family) were seen as specials.

RINGWORM.

For the fourth year in succession no case of ringworm of the scalp was seen at Routine Inspections. Nor was there a case of body ringworm. The school Nurses are constantly on the look out for this condition at their weekly visits to the schools. Whenever the appearance of a scalp is in the least suspicious hairs are taken and sent to the County Laboratory at Wakefield for examination and report.

One case of ringworm of the scalp was under treatment at the beginning of the year. During the year eight new cases came to light. Six of these attended one school, into which it was introduced in January by a child who had been attending a school in the Midlands where children suffering from ringworm were allowed to attend. In the five weeks following the discovery of this case five other children were infected. The other two cases occurred in September and October at different schools.

All these cases, with the exception of the last, have now returned to school, and this last case has been treated by X-Rays and should be fit for school shortly. During the year three children were treated by X-Rays, the rest clearing up under local treatment.

Fifty-eight specimens of hair were submitted for microscopic examination to the County Laboratory, Wakefield, with the following results:—

	Positive.	Negative.
Primary Examinations	7	... 25
Subsequent Examinations	13	... 13

Though there were three more new cases of ringworm of the scalp there in the previous twelve months, the position as to this complaint is, I think, satisfactory. The introduction of the disease into one school from outside accounts for six of the cases, leaving only two arising in the district. It is obvious, from the experience of the year, that the only safe method is to rigidly exclude cases of ringworm from school until they are definitely known to be cured.

EAR DISEASES.

Twenty cases of Otitis Media were found during the Routine Examinations during the year, and all were referred for treatment. There were thirty-eight other aural cases, mostly accumulation of wax in the meatus. The worst of these were referred for treatment. There were few cases of deafness discoverd.

In most of the schools it is difficult to carry out tests for deafness owing to unavoidable causes. It appeared that a certain number of so-called cases of deafness are really inattention. Others are due to adenoids and when this is the case, operative treatment is advised.

EXTERNAL EYE DISEASE.

There was considerably less External Eye Disease found than in some recent years. Only five cases of blepharitis came to light and these were all referred for treatment. One case of keratitis was seen, and it was not found necessary to refer any of this class of case to the School Oculist.

DEFECTIVE VISION AND SQUINT.

Nineteen cases of squint and two hundred and three cases of defective vision were found at the Routine Examination. Of these one hundred and fourteen were referred for treatment. This showed a slight reduction in the number of cases of bad eyesight, three per cent., but an increase in the number of these cases requiring treatment, nine per cent. This was due to the large number of squints, for there were actually four fewer cases of defective vision referred for treatment than in the previous year.

As a rule treatment was advised when the sight was worse than 6/12 in one eye. That is a child with vision 6/12 in each was referred, while one with 6/12 in one eye and 6/9 in the other was not. But there were numerous exceptions to this standard.

The vision of 881 children was tested, of whom 671 or 76.2 per cent. were found to have normal vision, while the vision of 210 was subnormal to a greater or lesser extent. Of these 96 were actually referred for treatment. The figures remain fairly constant from one year to another, though there seemed to be rather fewer with extremely bad sight. This may possibly be due to the fact that a large number of these children are being seen as specials.

Table VI. gives a summary of the vision test at Routine Medical Inspections:—

TABLE VI.—VISION TESTING.

			Per Cent.
Number examined...		881	
With Normal Vision		671	76.2
With Subnormal Vision		210	—
Vision 6/6	Right...	41	4.7
	Left	28	3.2
Vision 6/9	Right...	66	7.5
	Left	84	9.4
Vision 6/12	Right...	46	5.2
	Left	42	4.8
Vision 6/18	Right...	17	1.9
	Left	21	2.4
Vision 6/24	Right...	8	.9
	Left	9	1.
Vision 6/36	Right...	8	.9
	Left	7	.8
Vision 6/60	Right...	0	—
	Left	0	—
Vision 6/0	Right...	7	.8
	Left	2	.2
With Glasses...		36	4.1
Not Tested...		7	.8
Number of children referred for treatment...		96	

DENTAL DEFECTS.

At the Routine Inspection the teeth of each child are examined, but without mirror and probe, and consequently many carious teeth are missed which would be detected if more thoroughly searched for by a dental surgeon.

In spite of this, however, no fewer than 1,205 children had one or more decayed teeth, leaving a residue of 159 with apparently sound teeth, a percentage of 11.6, a considerably smaller percentage than last year.

In 513 children carious teeth was the only defect found; a percentage of 39.6 compared with 30.6 per cent. in 1930 and 31.4 in 1929.

The figures below show the number of children with sound teeth, with one to three carious, and with four or more decayed teeth.

Condition of teeth found at Routine Examinations:

All Teeth sound	159...	11.73 per cent.
Carious (1 to 3)	...718...	52.57 „
Carious (4 or more)	...487...	35.7 „

The reduction of the number of children with perfect teeth is disappointing, but in spite of this there does seem to be a small but definite improvement in the condition of the children's teeth. In 1921, 46.8 per cent. of all children inspected had four or more carious teeth, while in 1922 the percentage was 41.8. In the year under review the percentage of children with this amount of dental decay had dropped to 35.7 per cent., and in the previous year it was 37 per cent. Thus while there seems to be no improvement at all in the number of children with perfect dentures, those with definitely bad mouths seem to be decreasing in number, I have noticed for some time that the numbers of really foul and septic mouths are considerably less. The school dentist's report will be found on page 34.

CRIPPLING DEFECTS.

Four cases of Epilepsy were met with during the year, and there was one case of Chorea, which was referred for treatment. There were no other cases of severe crippling defects. The cases of Rickets met with mostly affected the chest. There are known to be nine Epileptics among the children in the district.

MENTAL DEFICIENCY.

During the year a systematic attempt was made to discover and examine those children in the Elementary Schools who should be classed as feeble-minded, and who, in consequence, are unable to benefit to any great extent from the system of education in vogue.

Headmasters of mixed schools were requested to furnish me with the names of any children in their schools, who, in their opinion were too greatly retarded to benefit by the ordinary school curriculum. The names of thirty-four children were given me, all schools except four being represented. Of these thirty-three were examined, the other being known to me previously.

The tests used were those given in Professor Cyril Burt's handbook, and the graduated reading and arithmetic tests were given in addition to the ordinary intelligence tests.

RECORDS OF CHILDREN EXAMINED FOR MENTAL DEFICIENCY, 1931

AGES. CHR—Chronological. RDG—Reading. ATH—Arithmetic MEN—Mental

YEARS RETARDED. RDG—Reading ATH—Arithmetic MEN Mental

IQ Intelligence Quotient MD - Mental Deficient
ENT—Retardation Complete MR Moderately Retarded
GR—Greatly Retarded SR -- Slightly Retarded AN—Almost Normal

Name	Ages			Men	Retarded			I.Q.	Class
	Chr.	Rdg.	Ath.		Rdg	Ath,	Men		
AC	9.1	5.5	4.	5.9	3.6	5.1	3.2	64.8	MD
JS	11.6	6.7	6.5	9.7	4.9	5.1	1.9	83.6	MR
HT	11.4	6.4	6 6	9.5	5.	4.8	1.9	83.3	MR
CS	6 2	Nil	Nil	4.1	Ent.	Ent.	2.1	66.	GR
AW	11.9	6.2	6.7	7.1	4.7	5.2	4.8	59.6	MD
RP	8.8	5.1	5.1	5.6	3.7	3.7	3.2	63.6	MD
DG	13.3	Nil	4.	5.4	Ent.	9.3	7.9	40,6	MD
AW	14.	Nil	4.9	6.5	Ent.	9.1	7.5	46.4	MD
GD	11.5	8.6	6.1	7.8	2.9	5.4	3.7	67.8	MD
AB	11.6	7.2	6.4	8.	4.4	5.2	3.6	69.	MD
HC	12.2	7.4	8.	9.3	4.8	4.2	2.9	75.9	GR
HA	9.8	Nil	5,1	5 7	Ent.	4.7	4.1	58.2	MD
AP	8.8	Nil	4.	5.5	Ent.	4.8	3.3	62.	MD
RG	7.8	5.3	4.6	5 4	2.5	3.2	2.4	69.2	GR
AW	14.	11.7	6.2	9.7	2.5	7.8	4.3	69.3	MD
HW	11.1	6.4	7.1	7.2	4.7	4.	3.9	64.8	MD
BB	10.9	6.4	5.1	8.5	4.5	5.8	2.4	78.	GR
EK	9.6	Nil	4.	4 9	Ent.	5.6	4.7	51.	MD
TB	12.1	Nil	5.1	6.7	Ent.	7.	5.4	55.4	MD
CD	12.7	12.2	5.7	10	.5	7.	2.7	78.7	GR
LS	9.4	Nil	4.6	5.7	Ent.	4.8	3.7	60.6	MD
RM	7.9	7.6	5.	7.5	.3	2.9	.4	94.8	AN
DM	7.9	8.8	5.6	7.	.9	2.3	.9	88.6	SR
F	13.0	6.9	6.	7.5	6.1	7.	5.5	57.7	MD
ES	15.0	Nil	6.	5.8	Ent	9.	9.2	38.7	MD
AT	11.7	Nil	4.5	5.8	Ent.	7.2	5.9	49.5	MD
NS	9.3	6.	6.4	6.5	3 3	2.9	2.8	70.	GR
I I	13,7	5.8	6.	7.	7.9	7.7	6.7	51.1	MD
TC	9.7	4.2	6,	6.2	5.5	3.7	3.5	64.7	MD
BE	12.7	10.7	4.7	7.8	2.	8.	4.9	61.2	MD
EE	11.7	7.4	5.	6.3	4.3	6.7	5.4	53.8	MD
MH	12.1	8.0	6.2	9.7	3.5	5.9	2 4	80.2	MR
JB	10.9	8.9	5.9	8.2	2.0	5.	2.7	75.7	GR
Averages—									
12. Retarded Children.	10.1	7.	5.5	8.	3.1	4.6	2.1	79.2	
21. Mental Deficients...	11.5	4.1	5.3	6.6	7.4	6,2	4.1	57.4	
33. Examined ...	11.	5.2	5.4	7.1	5.8	5.5	3.9	64.5	

Table VII. sets out the results of this investigation. Chronological, reading, arithmetic, and mental ages are set out in adjacent columns and also the number of years retarded in reading, arithmetic and mental ages. The intelligence quotient and the degrees of retardation are given in the last two columns. It may be mentioned that the Intelligent Quotient is found by dividing the mental age as found by the mental tests by the chronological age and multiplying the result by 100. Any child whose intelligence quotient was under 70 was claimed as mentally defective. This may be considered as rather a large standard, but it will be seen from Table VII. that children whose intelligence quotient is between 60 and 70 are quite as much, or more retarded in actually scholastic attainments as they are in their general intelligence.

There are one or two exceptions to this classification. In children of under eight, and intelligence quotient of under 70 has not always been graded as mental deficiency, the grading has depended on other factors. It is quite probable, however, that these children will have to be graded as mental deficients later on.

Out of the thirty-three children examined, twelve were found to be retarded and 21 to be mentally deficient.

Two cases are of special interest, R.M. and D.M. These children both attend the same school and were referred to me as probable mental deficients. In both cases the reading age was less than a year below normal. The intelligence quotient of one was 94.8 and of the other 88.6. But in both cases the arithmetic age was rather low, though by no means markedly so.

It will be seen from the table that in the mentally retarded children the arithmetic age was retarded more than the reading age, while in the mentally deficient children the reverse was the case. Also it will be noticed that in all the cases examined the average retardation was about the same for arithmetic and reading, and that these were rather over a year and a half greater than the average mental retardation.

I was rather struck by the large percentage of those examined who were quite unable to read at all, namely over 30 per cent., while only one seemed to be entirely devoid of a number sense. On the other hand, in those who could read at all, the retardation in the reading age was, on the average far less than that of the arithmetic age.

In addition to the above-mentioned children, there are others in the district who are suffering from mental deficiency, most of them of a considerably more severe type than those examined.

Six children have been referred to the Local Control Authority, two during 1931 and four in previous years.

There are twelve other children who have been discovered during the year to be suffering from this type of defect. Five of them are definite imbeciles, three under seven years of age and two over school age, but under sixteen. There are also seven children who are in school, obviously subnormal mentally, but too young to examine satisfactorily. These children may be grouped as follows:—

Reported to Local Control Authority	6
Not Examined during 1931—	
Imbeciles	5
Mentally Defective	21
Examined during 1931—	
Mentally Defective	21
Total Defective	39
Mentally Retarded	12
Total Subnormal	51

TABLE VIII.

AVERAGE HEIGHTS AND WEIGHTS.

	1931			1920 to 1931		
Age	Number	Height	Weight	Number	Height	Weight
BOYS						
3	53	37.28	34.41	406	38.25	33.62
4	83	39.81	39.91	926	39.14	36.64
5	69	41.37	39.37	1251	41.9	39.37
6	24	45	46.63	288	43.43	43.6
7	22	45.12	47.57	172	46.15	47.12
8	183	48.38	53.55	2620	47.19	52.49
9	15	50.88	61.42	133	49.93	55.82
10	17	46.66	64.48	89	50.33	63.11
11	28	53.81	69.66	103	53.72	69
12	161	55.05	75.02	2460	54.24	72.13
13	5	57.3	78.7	163	55.06	77.49
GIRLS						
3	48	36.23	32.53	381	36.59	32,19
4	103	40.02	36.9	913	38.77	35.59
5	85	41.41	38.54	1174	40.87	37.99
6	26	44.43	43.29	287	43.12	41.53
7	16	46.29	47.83	164	45.68	46,41
8	205	47.9	51.52	2582	48	50.67
9	6	51	60.83	156	48.88	54.48
10	18	52.72	66.83	90	51.27	63.55
11	25	54.87	72.26	107	54.16	70.96
12	165	55.46	75.63	2399	55.57	73.76
13	6	59.83	91-17	222	56.19	79.61

All children are weighed and measured at the time of examination. Table VIII. gives the results recorded together with averages of all children examined since 1920, Heightis recorded in inches and weight in pounds

VACCINATION.

Nine hundred and seventeen children were found to be unvaccinated, a percentage of 67.3. This is 2.2 per cent. less than in 1930, and is actually the lowest percentage of unvaccinated children since 1922 when it was 61. This is a great improvement to the condition of affairs before the late outbreak of small-pox. In 1926 76.2 per cent of all children examined were unprotected, and the percentage among the infants was no less than 82.1. Thus, not only are mere babies being vaccinated, but a considerable number of the older children have been protected since their previous examination.

TABLE IX.

Year	Number Examined	Number Unvaccinated	Per cent.
1920	771	400	51.9
1921	2020	1190	58.9
1922	1076	678	61.0
1923	1507	1047	69.4
1924	1782	1238	69.4
1925	2068	1497	72.4
1926	955	727	76.2
1927	1405	995	70.8
1928	1481	1014	68.4
1929	1466	1007	68.6
1930	1285	894	69.5
1931	1364	917	67.3

SPECIAL CASES.

At the Routine Examinations head teachers are invited to bring to the notice of the School Medical Officer any child who they think requires examination and treatment. The School Nurses also present children for inspection in whom they have found defects during their weekly visits to the school. Special cases are also seen at the School Clinic, being sent there by head teachers, nurses or parents. During the past year 114 children were seen in school as "Specials."

The defects found were as follows—

TABLE X.

	Referred for Observation	Referred for Treatment
Corneal Opacity	1	—
Heart Disease	5	—
Deformities	1	1
Defective Vision and Squint ...	3	22
Otitis Media	—	6
Deafness	3	—
Enlarged Tonsils and Adenoids	—	5
Mental Deficiency...	40	—
Uncleanliness	11	—
Dental Defects	—	5
Blepharitis	—	2
Conjunctivitis...	—	1
Other Diseases and Defects ...	3	5

TREATMENT.

Treatment is carried out partly at the School Clinic, partly by the Nurses in the schools at their weekly visits, and partly at special treatment clinics held daily during term time at Heaton Avenue School for the northern end of the district and at the School Clinic for the southern end.

Owing to the scattered nature of the district, a visit to the Clinic often entails the loss of an entire half-day in school. Certain defects, such as errors of refraction, Enlarged Tonsils and Adenoids and Dental cases can obviously only be dealt with at the Clinic, but the bulk of the minor ailments, most Skin diseases and slight injuries are dealt with in the schools, only an occasional visit to the Clinic being necessary when the case is not responding to treatment. This method of dealing with defects save thousands of hours of school time during the year, besides ensuring prompt and certain attention in all cases.

All cases, except such defects as warts, sores, boils and minor injuries, which in themselves make up a large proportion of the total cases treated, are referred to the School Medical Officer, either at the Clinic or at his periodical visits to the schools.

The following Table gives the defects dealt with at the School Clinic—

TABLE XI.

Ringworm, Scalp	11
Ringworm, Skin	1
Impetigo	6
Scabies	5
Other Skin Disease	9
External Eye Disease	11
Defective Vision and Squint	131
Otitis Media...	3
Other Ear Disease	3
Enlarged Tonsils and Adenoids ...	24
Other Throat and Nose Disease ...	11
Miscellaneous Defects	8
Making a total of	217

Five hundred and twenty-five attendances were made at the Medical Clinic, and one thousand seven hundred and eighteen at the Dental Clinic, making a total of two thousand two hundred and forty-three attendances at the School Clinic.

Table XII. shows the number of children from each school who received treatment.

One hundred and sixty-nine Special Treatment Clinics were held during the year at Heaton Avenue School, and the School Clinic in Valley Road for the treatment of children suffering from defects requiring more constant supervision than could be given by the Nurses' weekly visits to the schools. At these the total number of attendances was six hundred and eighty-seven.

TABLE XII.

SCHOOL	No. of Children Receiving Treatment	Attending Dental Clinic
Millbridge Council	14	192
Millbridge National	8	136
Hightown National & Knowler Hill	3	106
Littletown Council	8	110
Gomersal National	14	50
Gomersal Council	33	159
Moorend C.E.	9	91
Roberttown Council	6	68
Roberttown National	9	52
Norristhorpe Council	9	89
Oakenshaw Council	3	40
Scholes National	14	107
Heaton Avenue	17	119
Whitcliffe Road Council	16	137
St. Luke's C.E.	7	41
Hightown Council	9	164
South Parade Modern	8	51

ERRORS OF REFRACTION.

The following are the particulars of the cases of Errors of Refraction dealt with at the School Clinic:—

1930 Cases Completed	2
Old Cases Re-Examined	20
Cases Referred for Treatment—	
Routine	96
Specials	67
Treatment Abandoned	2
Glasses not required	30
Under Treatment on Dec. 31st, 1931	3
Prescriptions given after Retinoscopy	65
Prescriptions given without Retinoscopy	28
Glasses obtained after Treatment at Clinic	83
Retinoscopies	81
Glasses obtained from Hospital or Private Practitioner	4
Glasses obtained elsewhere	1
Total Children obtaining Glasses	88
Total Children seeking Treatment	131
Cases seen by School Oculist	82

The vision of all children refracted in 1930 was tested during the year, and those with an apparently unsatisfactory corrective were referred for further refraction.

Mr. A. McKie Reid, of Liverpool, attended on twelve occasions during the year. Eighty-two children were referred to him and made 128 attendances.

One hundred and sixty-three children were referred for treatment for defective vision, of whom ninety-six were found to need treatment at the routine medical inspections, and sixty-seven were special cases. Of these 131 presented themselves for examination and treatment, a percentage of 80.4, exactly the same as in the previous year. Ninety-three children received prescriptions at the Clinic, and up to the end of the year eighty-three had obtained glasses. Most of the remaining ten have obtained their spectacles by now, Feb./32. To obtain this considerable percentage of necessary treatments entails an enormous amount of work, not only on the staff of the school medical department, but also on that of the Education Department. Without the assistance of the Director of Education and his staff it would be impossible to get anything approaching this percentage. A large number of parents still refuse to seek treatment for defects found in their children, defective vision included, until very heavy and continual pressure is brought to bear. The question seems to arise as to whether the consumption of all this time in trying to persuade lazy or reluctant parents is justifiable. The School Medical Service has now been in existence for nearly a quarter of a century, and the public is well aware of what it is for and what can be obtained by its means for their children. Three alternatives present themselves in dealing with this class of parent. First to continue as at present, second to take no further notice of children where parents refuse to seek treatment, and thirdly to involve the aid of the Courts under the Children's Act or the School Attendance Bye Laws. It seems to me that the time has come when a single notice that treatment or further examination is required should be sufficient, and parents who ignore it should do so at their own risk. In Spenborough, as in many other districts, the financial consideration does not apply as the Education Committee supply spectacles in necessitous cases either free or on payment by small instalments. During the year under review glasses were supplied to seventeen children by the Committee; four free of all cost to the parents, and thirteen in payment of small weekly instalments.

ENLARGED TONSILS AND ADENOIDS.

Twenty-five operations for Enlarged Tonsils and Adenoids were performed by Dr. Unthank, of Cleckheaton, during the year. The particulars of these operations were:—

	Boys.	Girls.	Total.
Enlarged Tonsils	2 ...	3 ...	5
Adenoids...	2 ...	— ...	2
Enlarged Tonsils & Adenoids	10 ...	8 ...	18

In sixty-two cases, operations for throat and nose defects were performed on elementary school children by private practitioners or in hospital.

During the last two or three years the number of these cases has increased very materially with the result that the number of cases of enlarged tonsils found at Routine Medical Inspections to need treatment, and consequently the number of cases operated on at the Clinic has been considerably reduced. The number of slightly enlarged tonsils, needing no treatment, remains about the same.

RINGWORM.

Nine cases of Ringworm of the Scalp were dealt with at the Clinic during the year. One was an old case and eight new ones. All except one were cured and back in school, while the last case of the year has been treated by X-Rays since Christmas.

Of the other nine new cases four were treated by X-Rays and the rest cleared up fairly readily with local treatment.

DUTIES OF SCHOOL NURSES.

There are four half-time School Nurses in Spenborough who also act as Health Visitors, the equivalent of two whole-time nurses. Seeing that there are eighteen schools and an area of 5,000 acres, this cannot be considered excessive.

The district is divided into four areas, each Nurse being allotted one area, both as School Nurse and Health Visitor. The Nurses attend with the School Medical Officer at the Routine Examinations and with the Dentist at the Dental Inspections. She weighs and measures the children to be examined, and tests the vision with the types of the children in the upper schools before the examination.

Nurses are in attendance at the General Clinics and at the Throat and Nose Clinic, but it is not considered necessary for one to attend for refractions.

Each Nurse visits each of her schools once weekly during term time for the treatment of minor ailments. At this time she obtains information with regard to children absent for infectious disease and with regard to any exceptional children. 681 visits were made during the year.

She visits the houses when required to enquire into alleged cases of infectious disease where no doctor is in attendance, and also to follow up certain defectives who have not responded to notices to attend the Clinic for treatment, or to obtain any other information required. The Nurses paid 418 visits during the year for these purposes.

Three times in each year special visits were made to schools for head inspections. All children in school on the day of inspection are examined and reported on, and dirty children are re-inspected about a fortnight later.

TREATMENT BY NURSES IN THE SCHOOLS.

The following is a summary of the treatments carried out by the School Nurses, the figures indicating the actual number of children affected:—

Number treated for—	
Sores and other Disease of Skin ...	676
Minor Eye Defects	147
Minor Ear Defects	222
Minor Injuries	605
Other Defects	304
Total number of cases dealt with by School Nurses	1954

The majority of cases other than sores and minor injuries were seen by myself, either at the Clinic, at the Routine Examinations, or as "Specials," when directions were given the Nurse as to treatment.

The large number of sores treated in the schools accounts largely for the comparatively few cases found at Routine medical inspection.

The total number of treatments given by the Nurses in the schools during the year was 10,712, and, in addition, advice was given in 173 cases. The number of visits paid by the Nurses to the schools for various purposes was 902.

DENTAL TREATMENT.

The following is the Report of the School Dentist:—

Health Office,

Spenborough,

31st December, 1931.

To the School Medical Officer.

Dear Sir,—

I have pleasure in submitting to you my report for 1931.

Each child between the ages of 6 and 13 years inspected and found to require treatment were asked to attend the Clinic. This was an alteration in the method previously adopted, and on the whole has proved very satisfactory. There are still "Refusals," but these are mostly instances where treatment has been refused in the past and where parents will NOT recognise the benefit of such treatment until circumstances force them to do so.

The "Acceptances" averaged 67.3 per cent. This would be considerably higher if school holiday periods were excluded.

Compared with the figures for 1930, 216 more children were actually treated at the Clinic. There is a corresponding increase in the amount of work done, notably conservative treatment.

There were 38 General Anæsthetics administed during the year.

I am,

Yours faithfully,

MARION M. THOM,

School Dental Officer.

TABLE XIII.

Number of children inspected:—

Age Groups	6	7	8	9	10	11	12	13
Number	338	362	432	421	493	488	333	217

Total ... ... 3084.

Number of Half-days occupied:—

(a) At the Clinic	166
(b) At Inspections	22
Total	188

			Total.
Average number inspected each half-day ...		140	
Number requiring Treatment		2219	
Number absent when Inspections made ...		265	
Number of Schools Inspected		17	
Number of Sound Mouths		778	
Special Cases		4	
Number actually treated		1451	
Re-treated as result of periodical Inspection		nil	
Attendances made by children		1721	
Fillings .....(a) Temporary Teeth		144	
(b) Permanent Teeth		721—	865
Extractions (a) Temporary Teeth...		2441	
(b) Permanent Teeth		215—	2656
Ether and Gas Administrations		38	
Other Operations (a) Temporary Teeth		19	
(b) Permanent Teeth		155—	174

INFECTIOUS DISEASE AMONGST SCHOOL CHILDREN.

1931 was a bad year for infectious diseases in the schools, six hundred and six cases of the various epidemic diseases being reported. This state of affairs was not, however, as bad as it appears at first sight. To begin with four hundred and thirty-three of the cases were Mumps, a percentage of 71.4 of the whole. On the other hand Scarlet Fever showed an increase of two, while the cases of Diphtheria were over double. The distribution of cases was extremely irregular, more so than usual. No less then 41 per cent. of the total occurred at the Gomersal schools. These schools have of late years been comparatively free from infectious disease, but this year they have been very badly hit. Nearly half the cases of Mumps and over half those of Diphtheria occurred at these two schools. Whitcliffe Road was also

very badly affected, having had one-third of the Scarlet Fever cases and one-sixth of the Mumps. Six schools had seventy-seven per cent. of the total cases, only one of the six being in the Liversedge area.

At the Gomersal schools two-fifths of the children went down with one complaint or another, while a quarter of those at Whitcliffe Road and a fifth at Hightown National and Knowler Hill were ill.

On the other hand some other schools appeared to be almost immune from infectious disease, Oakenshaw, South Parade and Roberttown Council had only four cases each, while seven other schools had twenty cases or less.

For the second year in succession there is a wide difference between the amount of infectious disease at the two Roberttown schools. In both 1930 and 1931 there was about six times as much infectious disease at the Church school as there was at the Council school. It is difficult to understand why this should be so.

On the whole the Gomersal schools were most affected and the Liversedge schools least.

It is satisfactory to note that no case of Small-pox or Typhoid Fever occurred during the year.

SCARLET FEVER.

Scarlet Fever was fairly prevalent during the entire year, the last quarter perhaps having most cases. There were fifty-seven cases, two more than in the previous year. Of these two were school children who live outside the district. One attended Oakenshaw school and the other Roberttown Council. All schools except St. Lukes, Hightown National and Norristhorpe had cases, though five had only one case each. Whitcliffe Road had by far the largest number of cases of Scarlet Fever of any of the schools, there being 18 cases or nearly one-third of the total number. Most of the cases were in the Autumn Term, beginning immediately after the Summer holidays, and there is reason to believe the infection was introduced from without. Heaton Avenue had nine cases, Scholes six cases, and Gomersal Council five. The cases were for the most part of a mild type.

DIPHTHERIA.

Twenty cases of Diphtheria occurred among school children during the year, more than double the number in 1930. Exactly half the cases occurred at Gomersal Council school, mostly during the Summer Term. Some at least were due to a carrier who was traced and isolated. The disease was of a more severe type than has been usual of late years, but in view of the large increase and high virulence of the disease in certain neighbouring areas the Spenborough schools were not affected to any undue extent. Cases of Diphtheria occurred in eight schools, but except for Gomersal Council not more than two cases occurred in any one school. Hightown Council and Littletown were the only two Liversedge schools affected.

MEASLES.

There was very little Measles anywhere during the year, though curiously only six schools entirely escaped. Gomersal National had most cases, namely six, two other schools had three cases, and there were two cases each at two others. Measles epidemics occur with fair regularity, there having been outbreaks in 1925, 1927, and 1929. There were fewer cases in 1931 than in any year since records have been kept, and it appears probable that it will not be long before a considerable outbreak takes place. Twenty-two cases of Measles occurred altogether.

WHOOPING COUGH.

There was but little Whooping Cough amongst the school children during the year, there being thirty-four cases in all, twenty-four less than in the previous year. Only five schools had cases. Scholes had considerably the most with thirteen cases, Gomersal Council and National had eight and seven respectively, there were five at Hightown National and a single case at Heaton Avenue. There has not been an extensive epidemic of Whooping Cough in Spenborough for over ten years, the worst year being 1929 when there were 116 cases reported.

CHICKEN POX.

Chicken Pox which has been fairly prevalent in the area for some years, showed a marked reduction during the year. There were thirty-eight cases in all compared with 170 in 1930. As in most of the other infectious diseases Gomersal was most affected, more than half the cases occurring in these two schools; the Council school having 6 cases and the National school fourteen. No other school in the district had more than four cases.

Table XIV—INFECTIOUS DISEASE AMONGST SCHOOL CHILDREN

SCHOOL	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Chicken Pox	Mumps	German Measles	School Totals	Percentage of Children Attacked	Percentage of Children Attack'd 1930
Oakenshaw	1*a*		1			2		4	2.8	1.8
Scholes	6		1	13	1	19	1	41	16.7	16.1
Moorend	2		1		2	11		16	6.5	.6
Whitcliffe Road	18	1			4	72		95	24.3	5.6
South Parade	1	2				1		4	1 8	1.3
Heaton Avenue	9	2	1	1	1	19		33	8	3.8
St. Luke's		1			3	4		8	4.7	14.1
Hightown Council	4	2	1		4	4		15	5.5	11.7
Hightown National			3	5		42		50	20.3	17.4
Roberttown Council	1*a*		2			1		4	2.8	2.8
Roberttown National	2					21		23	13.8	13.1
Norristhorpe					2	15		17	6.2	8.6
Millbridge Council	1		2			17		20	4.5	2
Millbridge National	1		1		1	6		9	2.8	14.2
Littletown	3	1				13		17	6.4	15.9
Gomersal Council ...	5	10	3	8	6	111		143	39.7	3.3
Gomersal National	3	1	6	7	14	75	1	107	40.0	6.2
TOTAL	57*b*	20	22	34	38	433	2	606	13.1	8

a Non-resident *b* 2 cases non-resident

GERMAN MEASLES.

Only two cases of this trivial complaint occurred, one at Scholes and one at Gomersal National.

MUMPS.

There were a large number of cases of Mumps, namely 433. This is the largest number of cases of any one infectious disease that has occurred in any one year since full records were kept in 1922.

The epidemic began in the Summer and rapidly spread from school to school. Every school was attacked, though in greatly varying degree ranging from 111 cases at Gomersal Council, 75 at Gomersal National, and 72 at Whitcliffe Road, to two at Oakenshaw and one each at South Parade and Roberttown Council. The disease appears to have been of a fairly severe type, some of the children having been reported as being very ill.

Very nearly ten per cent. of all children in the various schools were attacked, and as further cases have occurred since the Christmas holidays the attack rate for the epidemic will certainly exceed this figure. At the time of writing it appears that the outbreak is abating.

INFECTIOUS DISEASE AMONGST SCHOOL CHILDREN.

TABLE XV.

Year	Enteric Fever	Small Pox	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Chicken Pox	Mumps	German Measles	Yearly Totals
1920			56	31						87
1921			56	30						86
1922			80	8	315	92	173	12		680
1923			95	5	215	36	21	158		530
1924			22	3	174	53	132	196		580
1925			37	1	367	79	120	43		647
1926			23	20	37	101	210	136		527
1927			39	4	244	21	126	276		710
1928			80	3	47	33	109	7		283
1929		4	64	8	298	116	116	8	68	715
1930	3	34	55	9	62	58	170	3	8	387
1931	1	21	57	20	22	34	38	433	2	606

All contacts with Scarlet Fever are excluded from school for a week, and with Diphtheria for a fortnight. In the case of Whooping Cough, Measles, German Measles and Chicken-pox, if the contact is attending an Infants' department he is excluded, but if in a Mixed school he is not excluded if there is reason to believe he has had the disease.

OPEN-AIR EDUCATION.

Spenborough is not provided with any Open-air schools or class-rooms, but during the Summer, whenever the weather permits, all classes are held in the play grounds as far as this is possible.

In my opinion an Open-air school is badly needed in the district. There are a large number of children, delicate and pre-tuberculous, some of whom have to be excluded for longer or shorter periods from the ordinary elementary schools, who would benefit very greatly from attending an Open-air school. I am afraid that in a district such as Spenborough the cost of such a school would be heavy, as owing to the area of the district and the scattered population some conveyance would be needed to take the children to and from the school. Nevertheless, I hope that such a school will come into existence in the near future.

School journeys are frequent, visits being made to places of historical and other interests in the neighbourhood.

PROVISION OF MEALS.

In most of the Infant schools and some of the Mixed milk and cocoa are supplied to the children at cost price.

This, I consider a very excellent thing, and might well be extented to all schools.

This would, of course, entail a considerable amount of extra work on the staff, and would take up a lot of time, consequently it might not be possible to supply all children with milk, but there are a certain number of weakly children in all schools that would benefit greatly by a cup of milk each morning.

SCHOOL BATHS.

The elder children (those over eleven) attend the Cleckheaton and Heckmondwike Municipal Baths at regular times during the Summer months to receive instructions in swimming.

Children primarily go to the baths to learn to swim, and those who can already do so do not attend unless the number of learners in each school is not sufficient to make up the regular number.

Swimming is not compulsory, but all children over eleven are taught if their parents so desire, with the exception of those attending Oakenshaw school.

Certificates of proficiency are granted; second class to those who can swim 25 yards, and first class certificates to those who can swim 50 yards breast stroke and 25 yards on the back.

In addition, the Council give a free pass to those children who can swim a quarter of a mile. No child is allowed to compete for this pass until he or she reaches the age of thirteen, it being rightly considered that exertion is too great for younger children, 18 such certificates were granted to boys and 22 to girls.

Accommodation is provided for 480 at Cleckheaton and 200 at Heckmondwike.

The following are the certificates of proficiency granted:—

	1st Class.		2nd Class.
Boys	43	...	44
Girls	43	...	80

PHYSICAL TRAINING.

There is no organiser of physical training in the district, but the syllabus of the Board of Education is carried out by the teaching staffs.

CO-OPERATION OF PARENTS.

A notice is sent to the parents of each child due for examination regarding their attendance.

These invitations are sent in bulk to the Head Teacher of the school concerned, who fills in the time the child is to be examined, and sends it home by the child.

The response of parents during 1931 was the best on record, 68.1 per cent. of the parents of children in the Mixed schools attended which is 1.2 per cent. better than the previous year which was the best year up till then. In the Infant schools the attendance was 90.6 per cent., only .13 per cent. below the best year on record.

This large attendance of parents is very gratifying, for it can only mean, after twelve years of medical inspection, that they find that they benefit by taking the trouble to come to school when requested. The attendances were:—

In the Mixed Departments ... ... 68.1 per cent.
Infant Departments ... ... 90.6 per cent.
In the Cleckheaton Schools ... ... 77.1 per cent.
Liversedge Schools ... ... 74.7 per cent.
Gomersal Schools ... ... 77.9 per cent.
In all Schools ... ... 76.1 per cent.

TABLE XIV.

Year	Percentage attended			
	Mixed Schools		Infant Schools	
	Invited	Attended	Invited	Attended
1920	504	46.1	273	73.0
1921	1348	58.1	672	75.5
1922	958	60.8	118	77.0
1923	1135	60.0	472	79.0
1924	1094	61.3	689	83.16
1925	1406	59.5	718	83.5
1926	516	64.7	434	85.9
1927	900	64.2	479	88.5
1928	1067	62.04	410	90.73
1929	933	66.3	533	86.8
1930	863	66.9	422	84.8
1931	881	68.1	481	90.6

CO-OPERATION OF TEACHERS.

Great assistance is obtained from the teachers in the various schools in bringing cases of defects to the notice of the Medical Officer or of the School Nurses. Many cases are thus discovered which would otherwise be missed.

At the Routine Medical Inspection the head teachers arrange the order in which the children are to be seen, and send up for inspection any special cases that they may consider require seeing.

Although the Nurses' weekly visits to the schools are primarily for the purpose of treatment of minor ailments found during the Medical Inspections, teachers are requested to bring to their notice at that time any case of defect not seen by the Medical Officer, whom they may think requires treatment.

When any child is excluded from school by the Medical Officer a duplicate of the certificate of exclusion is sent immediately to the head teacher of the school at which the child attends.

This certificate states the number of days for which the child is excluded, and the teacher is thus able to ensure that the child does not return to school too soon, and, on the other hand, is able to call the Attendance Officer's attention to any child who does not return to school on the expiration of the certificate.

CO-OPERATION OF ATTENDANCE OFFICERS.

On the exclusion from school of any child by the School Medical Officer, a duplicate of the certificate is sent immediately to the Education Office for the information of the Attendance Officers. By this means that department is kept aware of those children who are absent from school legitimately.

The Attendance Officers refer children who are absent from school for alleged illness to the School Medical Officer if they are doubtful of the genuineness of the case, and failing the production of a certificate from the usual medical attendant.

CO-OPERATION OF VOLUNTARY SOCIETIES.

The greatest assistance is rendered in many cases, otherwise difficult to deal with, by the National Society for the Prevention of Cruelty to Children. The officers of this Society are in a position to bring great pressure to bear on certain neglectful parents who will take no notice of anyone else. Fortunately, the number of such parents does not seem to be a large one in Spenborough. I have received during the year great assistance from the Society's Inspector in several cases.

A most valuable voluntary society exists in the Cleckheaton Cripples' Clinic. Here cases of deformity of all kinds are dealt with under the direction of Major Phillips, of Bradford. A number of school children suffering from deformities, etc., have been referred to and treated at this institution during the year. During 1931 24 school children were treated at this institution, some of which were under five. In addition 10 children of under school age were referred to the Clinic.

BLIND, DEAF AND EPILEPTIC CHILDREN.

No special investigation has yet been undertaken for the grouping of this class of defects, beyond the school census, the findings of which are shown in Table III. (B. of E.)

So far, no totally blind child has been discovered either at the Routine medical inspections or as "Specials" Cases. One apparent deaf mute has been seen; he now attends a special school and is said to be doing well.

No definite scheme has yet been formulated for dealing with these cases.

NURSERY SCHOOLS, SECONDARY SCHOOLS AND CONTINUATION SCHOOLS.

There are no Nursery Schools in Spenborough, but children are admitted to the elementary schools on attaining their third birthday. The Education Authority carries on no work in connection with Secondary or Continuation Schools.

EMPLOYMENT OF CHILDREN.

The bye-laws regulating the employment of children and young persons came into force in July, 1920.

The bye-laws prohibit the employment of children (i.e., persons under 14 years of age) in the following occupations; as lather boy or girl; in kitchens or hotels, restaurants, etc.; in public billiard rooms; on licensed premises; selling programmes or refreshments in theatres, ets.; collecting or sorting rags and refuse; as attendants in shooting galleries and similar premises, or in any slaughter-house.

No child under 12 years of age may be employed in any capacity whatever.

A child between 12 and 14 years of age may be employed—

(a) On school days between 5 p.m. and 7 p.m.
(b) On week-days when school is not open, for not more than five hours between 9 a.m. and 7 p.m., and for not more than 16 hours in any week.
(c) For the sale and delivery of milk and newspapers.

A child between 12 and 14 may be employed for these purposes for one hour, 7 to 8 p.m., on week-days, and for not more than two hours between 7 and 10 in the forenoon.

Before a child between 12 and 14 can receive a licence to carry on the occupation of delivering milk or newspapers, a certificate has to be obtained from the School Medical Officer to the effect that this work will not be prejudicial to his health or education.

During 1931 there were thirty-two applications for certificates, all from boys. This was an increase of five on the previous year.

Of these to whom certificates were granted, seventeen wished to deliver newspapers and fifteen to be errand boys, delivering milk, meat, etc.

It was not found necessary to withhold a certificate in any case.

STATISTICAL TABLES.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Entrants	500
Intermediates	389
Leavers	337
Total	1226
Other Routine Inspections	138
Total	1364

B.—OTHER INSPECTIONS.

Number of Special Inspections	507
Number of Re-Inspections	458
Total	965

TABLE II.

A.—RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1931.

DEFECT OR DISEASE	ROUTINE		SPECIALS	
	Number referred for Treatment	Number requiring to be kept under observation but not referred for Treatment	Number referred for Treatment	Number requiring to be kept under observation but not referred for Treatment
MALNUTRITION	2	6	—	—
UNCLEANLINESS (See Table 4, Group 5.)				
SKIN—				
Ringworm—Scalp	—	—	9	2
Ringworm—Body	—	—	1	—
Scabies	—	—	5	—
Impetigo...	15	—	2	—
Other Disease (Non-Tuberculous)...	31	15	10	—
EYE—				
Blepharitis	5	1	3	—
Conjunctivitis	—	—	4	—
Keratitis	1	—	—	—
Corneal Opacities	—	—	—	1
Defective Vision (excluding Squint)	96	107	67	26
Squint...	18	1	5	1
Other Conditions	4	2	2	2
EAR—				
Defective Hearing... ...	2	6	1	13
Otitis Media...	18	2	9	2
Other Ear Disease ...	23	15	—	3
NOSE & THROAT—				
Enlarged Tonsils Only	17	255	8	1
Adenoids Only	4	2	8	—
Enlarged Tonsils and Adenoids	6	5	4	1
Other Conditions	9	10	10	—
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	2	13	—	3
DEFECTIVE SPEECH ...	1	5	—	1

TEETH—				
DENTAL DISEASES.	3	513	7	1
HEART & CIRCULATION—				
HEART DISEASE:				
Organic	—	—	—	7
Functional	2	18	—	11
Anæmia	7	2	—	6
LUNGS—				
Bronchitis	7	2	1	1
Other Non T.B. Disease	18	55	2	3
TUBERCULOSIS—				
Pulmonary—				
Definite	—	1	—	12
Suspected	—	—	—	1
Non-Pulmonary—				
Glands	2	—	—	7
Spine	—	—	—	1
Hip	—	—	—	1
Other bones and Joints...	—	—	—	2
Skin				
Other Forms				
NERVOUS SYSTEM—				
Epilepsy	1	3	—	2
Chorea	1	—	1	4
Other Conditions	7	13	—	—
DEFORMITIES—				
Rickets	1	156	—	1
Spinal Curvature	—	—	—	—
Other Deformities	8	16	6	11
OTHER DISEASES AND DEFECTS	39	50	41	140

TABLE II.

B.—NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTIONS TO REQUIRE TREATMENT.

(Excluding Uncleanliness and Dental Disease).

GROUP	Number of Children Inspected	Number found to require Treatment	Percentage of Children found to require Treatment
Entrants	500	100	20
Intermediates	389	120	30.8
Leavers...	337	77	22.8
Total (Code Groups)	1226	297	24.2
Other R. Inspections	138	31	22.4

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
A.—BLIND (including partially blind).					
1. Suitable for training in a School for the totally blind.	(a)	At Certified Schools for the Blind			
	(b)	At Public Elementary Schools			
	(c)	At other Institutions			
	(d)	At no School or Institution			
2. Suitable for training in a School for the partially blind.	(a)	At Certified Schools for the Blind or Partially Blind	0	1	1
	(b)	At Public Elementary Schools	4	4	8
	(c)	At other Institutions			
	(d)	At no School or Institution			
B.—DEAF (including deaf and dumb and partially deaf).					
1. Suitable for trainin in a School for the totally deaf or deaf and dumb.	(a)	At Certified Schools for the Deaf	1	0	1
	(b)	At Public Elementary Schools	1	1	2
	(c)	At other Institutions			
	(d)	At no School or Institution	1	0	1
2. Suitable for trainin in a School for the partially deaf.	(a)	At Certified Schools for the Deaf or Partially Deaf ...			
	(b)	At Public Elementary Schools	2	2	4
	(c)	At other Institutions			
	(d)	At no School or Institution			
C.—MENTALLY DEFECTIVE.					
1. Feebleminded.	(a)	At Certified Schools for Mentally Defective Children	1	0	1
	(b)	At Public Elementary Schools	13	9	22
	(c)	At other Institutions			
	(d)	At no School or Institution	2	4	6
D.—EPILEPTICS.					
1. Suffering from severe epilepsy.	(a)	At Certified Schools for Epileptics			
	(b)	At Certified Residential Open Air Schools			
	(c)	At Certified Day Open Air Schools			
	(d)	At Public Elementary Schools			
	(e)	At other Institutions			
	(f)	At no School or Institution	3	1	4
2. Suffering from epilepsy which is not severe.	(a)	At Public Elementary Schools	5	0	5
	(b)	At no School or Institution			
E.—PHYSICALLY DEFECTIVE					
1. Active pulmonary tuberculosis (including pleura and intrathoracic glands).	(a)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board			

	(b) At Certified Residential Open Air Schools			
	(c) At Certified Day Open Air Schools			
	(d) At Public Elementary Schools			
	(e) At other Institutions			
	(f) At no School or Institution	3	0	3
2. Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	(a) At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board			
	(b) At Certified Residential Open Air Schools			
	(c) At Certified Day Open Air Schools			
	(d) At Public Elementary Schools	8	1	9
	(e) At other Institutions			
	(f) At no School or Institution	3	2	5
E.—PHYSICALLY DEFECTIVE.				
3. Tuberculosis of the peripheral glands.	(a) At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board			
	(b) At Certified Residential Open Air Schools			
	(c) At Certified Day Open Air Schools			
	(d) At Public Elementary Schools	3	4	7
	(e) At other Institutions			
	(f) At no School or Institution	0	1	1
4. Abdominal tuberculosis.	(a) At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board			
	(b) At Certified Residential Open Air Schools			
	(c) At Certified Day Open Air Schools			
	(d) At Public Elementary Schools	1	1	2
	(e) At other Institutions			
	(f) At no School or Institution	1	0	1
5. Tuberculosis of bones and joints (not including deformities due to old tuberculosis).	(a) At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board			
	(b) At Public Elementary Schools	2	0	2
	(c) At other Institutions			
	(d) At no School or Institution	1	5	6
6. Tuberculosis of other organs (skin, etc).	(a) At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board			
	(b) At Public Elementary Schools			
	(c) At other Institutions			
	(d) At no School or Institution			

7. Delicate Children i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	(a)	At Certified Residential Cripple Schools			
	(b)	At Certified Day Cripple Schools			
	(c)	At Certified Residential Open Air Schools			
	(d)	At Certified Day Open Air Schools			
	(e)	At Public Elementary Schools	23	13	36
	(f)	At other Institutions	0	1	1
	(g)	At no School or Institution	2	1	3
8. Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	(a)	At Certified Hospital Schools			
	(b)	At Certified Residential Cripple Schools			
	(c)	At Certified Day Cripple Schools			
	(d)	At Certified Residential Open Air Schools			
	(e)	At Certified Day Open-Air Schools			
	(f)	At Public Elementary Schools	4	2	6
	(g)	At other Institutions			
	(h)	At no School or Institution	2	0	2
9. Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	(a)	At Certified Hospital Schools			
	(b)	At Certified Residential Cripple Schools			
	(c)	At Certified Day Cripple Schools			
	(d)	At Certified Residential Open Air Schools			
	(e)	At Certified Day Open-Air Schools			
	(f)	At Public Elementary Schools	3	3	6
	(g)	At other Institutions			
	(h)	At no School or Institution			

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER.

GROUP 1.—MINOR AILMENTS.

(Excluding Uncleanliness for which see Group 5).

DISEASE OR DEFECTS	Number of Defects treated or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
SKIN—			
Ringworm—Scalp	9	—	9
Ringworm—Body	1	—	1
Scabies	5	—	5
Impetigo	233	4	237
Other Skin Disease ...	457	11	468
MINOR EYE DEFECTS—			
(External and other, but excluding cases falling in Group 2) ...	157	2	159
MINOR EAR DEFECTS	236	3	239
MISCELLANEOUS—			
(a.g., Minor Injuries, Bruises, Sores, Chilblains, etc.)	1936	20	1956
Total	3034	40	3074

TABLE IV.

GROUP 2.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I).

	No. of Defects dealt with Submitted to Refraction by			
	Under Authority's Scheme	Private Practitioner or at Hospital	Otherwise	Total
Errors of Refraction (Including Squint). (Excluding Operation) ...	131	4	1	136
Other Defects or Disease of the Eyes (excluding those recorded in Group 1).				
Total	131	4	1	136

Total number of Children for whom Spectacles were prescribed:—

(a) Under the Authority's Scheme ...	93
(b) Otherwise	5

Total number of Children who obtained or received Spectacles:—

(a) Under the Authority's Scheme	83
(b) Otherwise	5

TABLE IV.

GROUP 3.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Received Operative Treatment—	
Under the Authority's Scheme in Clinic or Hospital	21
By Private Practitioner or Hospital, apart from the Authority's Scheme	62
Total	83
Received other forms of Treatment	8
Total Number Treated	91

DENTAL REPORT.

TABLE IV.

GROUP 4.—DENTAL DEFECTS.

1.—Number of Children who were:—

(a) Inspected by the Dentist:—

	Age.	No.
Routine Age Groups	5.....	—
	6.....	338
	7.....	362
	8.....	432
	9.....	421
	10.....	493
	11.....	488
	12.....	333
	13.....	217
Total		3084
Specials ... ... 4. Grand Total		3088

(b) Found to require Treatment 2219

(c) Number actually treated 1451

(d) Re-treated during the year as result of periodical examination ... ... nil.

2.—Half-Days devoted to:—

Inspections	22	
Treatment	166	
Total		188

3.—Attendances made by Children for Treatment 1721

4.—FILLINGS:—

Permanent Teeth	721	
Temporary Teeth...	144	
Total		865

5.—EXTRACTIONS:—

Permanent Teeth	215	
Temporary Teeth	2441	
Total		2656

6.—Local Anæsthetics 2070

7.—Administration of General Anæsthetics for Extractions 38

8.—OTHER OPERATIONS:—

Permanent Teeth...	155	
Temporary Teeth	19	
Total		174

9.—Number of Patients from Ante-Natal Clinic 5

TABLE IV.

GROUP 5.—UNCLEANLINESS AND VERMINOUS CONDITION.

(1)	Average number of visits per school made during the year by the School Nurses ...	6.5
(2)	Total number of examinations of Children in the schools by the Nurses	12,215
(3)	Number of individual Children found unclean:—	
	Spring	227
	Summer	265
	Autumn	199
(4)	Number of Children cleaned under arrangements made by the Local Education Authority	nil.
(5)	Number of cases in which Legal Proceedings were taken:—	
	(a) Under the Education Act, 1921 ...	nil.
	(b) Under the School Attendance Bye-Laws	nil.